

Date: \_\_\_\_\_

Credit Card Authorization Form

I \_\_\_\_\_ authorize Comprehensive Counseling Connections to charge my credit card for services rendered. Not to exceed the amount shown.

Amount \$ \_\_\_\_\_ USD.

Credit Card Type  Visa       Master Card

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 Digit Security (located on the back of the card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Do not write below, company use only.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_