

# *SUSAN BERLIN & ASSOCIATES*

## CREDIT CARD AUTHORIZATION FORM

### PSYCHOTHERAPY, HIGH-TOUCH EXECUTIVE COACHING & CONSULTING

PLEASE PROVIDE ALL THE INFORMATION REQUESTED BELOW AS A FORM OF PAYMENT FOR SERVICES  
AND OTHER CHARGES WHILE WORKING WITH SUSAN BERLIN

#### CARDHOLDER INFORMATION

NAME AS IT APPEARS ON THE CREDIT CARD: \_\_\_\_\_

CARD TYPE: ☐ VISA ☐ MC ☐ AMEX

CREDIT CARD ACCOUNT  
NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

SECURITY CODE \_\_\_\_\_

CREDIT CARD SERVICE FEE (INITIAL FOR APPROVAL OF FEE): 4.2% MC/VISA \_\_\_\_\_ 4.2% AMEX \_\_\_\_\_

ADDRESS:  
(WHERE STATEMENT IS  
MAILED) \_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS FOR  
RECEIPT: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE SUSAN BERLIN & ASSOCIATES TO COLLECT  
PAYMENT FOR ALL AUTHORIZED CHARGES ASSOCIATED MY TREATMENT BY PROCESSING A CHARGE TO THE CREDIT CARD LISTED ABOVE. I  
CERTIFY THAT I AM THE AUTHORIZED SIGNER OF THE CREDIT CARD LISTED ABOVE.

CARDHOLDER NAME: (PRINTED) \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_