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Credit Card Guarantee Form

Authorizing Charges to the Credit Card Shown Below

By signature on this form, you are authorizing Sandra Hall, LMHC, CAP, CRC to consider this credit card "on file" to be used to guarantee payment of past due invoices. Any fee for services that has become past due will be paid by the use of this credit card. Services rendered are considered non-revocable charges. You will be notified by telephone prior to activating a payment guarantee charge but Sandra Hall, LMHC, CAP, CRC is not obligated in any way to extend further terms.

PLEASE PRINT

My credit card is (select one) ___ Visa ___ Mastercard ___ Discover ___ American Express

Name as it appears on the credit card (printed) _____

Credit Card Number _____ Exp. Date _____

3 digit card verification number (on back of card) _____

Billing address: _____

City: _____ State _____ Zip _____

Country: _____

Telephone: _____ Fax: _____

Email: _____

By my authorizing signature below, I am agreeing that all charges placed on this credit card for services are non-refundable and non-cancelable by me or any party authorized on this credit card.

Name of person authorizing payment of services by above credit card

Signature of person authorizing payment of services by above credit card (please print)

Date of Signature