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CREDIT CARD BILLING INFORMATION

In order for Denise Carr to accept and bill your credit card, I need to get your credit card information. Please complete the form below, sign, date and return to me. All information is kept on file and is strictly confidential.

Contact/Billing Information: (as shown on credit card)

Client name (if different from cardholder) _____

Cardholder Name (as shown on card) _____

Address: _____

City: _____ State _____ Zip _____

Credit Card Type: _____ Visa _____ Mastercard _____ American Express _____

Credit Card # _____

Expiration date (MM/YY): _____

CVV security code# on the back of the card: _____

Authorization:

I hereby authorize Denise Carr to charge the above listed credit card. I understand these charges will be processed at the time of service, or at the time the charge is incurred on the account. I request that the above credit card transactions be processed in accordance with the card issuer agreement.

Signature of Card Holder (required) _____ Date _____