

Andrea S. Kahrs
LMFT # 118445
(424) 888-0368
andreakahrs@gmail.com
andreaskahrs.com

Credit Card Authorization Form

I, _____,

hereby authorize Andrea S. Kahrs, to charge my credit card account in the amount not to exceed: \$_____.

() VISA () MasterCard () American Express

Credit card number: _____

Expiration date: ____ / ____ VID code: ____

Credit card billing address:

Street: _____

City: _____ State: _____ Zip code: _____

Country: (if not US) _____ Telephone: _____

Signature: _____

As the credit card holder, I also authorize Andrea Kahrs to charge my credit card for future purchases verbally approved by me.

Authorization valid until: ____ / ____ Initial here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Andrea Kahrs will keep all information entered on this form strictly confidential.