

# Credit Card Billing Form

*Please use this form for authorization of client credit card payments.*

I would like to make a payment on my account with the following credit card:

(Please fill out completely and sign.)

Visa	<input type="checkbox"/>	Master Card	<input type="checkbox"/>	Discover	<input type="checkbox"/>
Credit Card Number: _____ - _____ - _____ - _____					
Expiration Date: _____ (mo.)/ _____ (yr.)					
<b>Signature:</b> _____					
<b>Date this form signed:</b> _____					
Address: _____					
Please print name: _____					

Please check one option below:

1.  I authorize Keith Miller, LLC to charge my credit card automatically for all sessions (you may still be asked to provide your card at each session) for the amount of \$\_\_\_\_\_.

I authorize Keith Miller, LLC to charge my card for sessions that are cancelled with less than 24 hours notice or that are missed.

2.  Charge a one-time payment of: \$\_\_\_\_\_ Amount

For session on: \_\_\_\_\_ Date