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Credit Card Payment Form

The purchaser(s) _____ are authorizing Beljan Psychological Services, LLC to run payment for services rendered.

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Phone # of Card Holder: _____

Card # _____ Type: _____

Expiration Date: _____

By Signing below the purchaser(s) agrees to our terms of service and are authorizing us to run payment to the provided card within 3-5 business days. _____ (initials)

In addition, the purchaser(s) should be aware that if they fail to cancel a scheduled appointment at least 24 hours in advance a no-show fee of \$150.00 will be charged. _____ (initials)

Purchaser Signature: _____

Date: _____

Administration Signature: _____

Date: _____