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# Credit Card Authorization Form

Please complete all the fields below. You may cancel this authorization at any time by contacting me.  
This authorization will remain in effect until canceled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):	_____
Card Number:	_____ CVV (the 3-digits on the back): _____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Client Name \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_