

Please complete the form as completely as possible. This authorization can be withdrawn at any time by canceling in writing and will remain in effect until canceled.

Credit Card Information

One-Time Charge made to your card for the amount of the consult after the consult is completed

Consults: \$280 per hour, \$420 per 1½ hours

Cancellation fee if less than 24 hours before time of scheduled visit: \$100

Visa_____ MasterCard_____ Discover_____

Cardholder Name (as written on the card):_____

Card Number:_____

Expiry Date:_____ Code:_____

Billing Information:

Address: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

I, _____, authorize _____ to charge the credit card detailed above for agreed upon payments of \$_____. I acknowledge that my information will be kept on file for future transactions. I acknowledge that this authorization will remain in effect until it is canceled in writing. I also certify that I am the owner of the credit card described above and will not dispute the scheduled payments with my bank/credit card company, provided that the transactions correctly correspond with the terms written on this authorization form.

Authorized Signature _____ Print Name _____

Date ____/____/____