

**Credit Card Authorization Form**

Please complete this for prior to your first appointment.

NAME(S) of person(s) receiving services through Alyson Jones & Associates for which this credit card will be charged:

Name of Client	Relationship

Cardholder Name (as it appears on the card): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number(s):**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Email for invoice:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMERICAN EXPRESS

**Credit Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_ / \_\_\_\_ (mm/yy)

*By signing this form, I authorize all charges for services delivered to the person(s) above through Alyson Jones & Associates to be billed to this credit card upon delivery of the services, until such time as I advise Alyson Jones & Associates that I prefer to use a different payment method. If I choose to have this credit card removed from my file I will advise the Front Desk and arrange other payment method(s).*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date