



Date: _____

I, _____ authorize Total Life Counseling to place my Credit Information on file to charge for services rendered. My credit card information is as follows:

Account number _____

Billing address _____

City/State/Zip _____

Expiration date: _____

Verification Code: _____

For the services rendered.*

Authorized Signature _____ Date _____

*No shows are considered services rendered.

**1507 S. Hiawassee Road, Suite 101
Orlando, FL 32835
Voice: 407-248-0030
Fax: 407-248-0226
Web: www.totallifecounseling.com**