

KGD-PT Credit Card Information Sheet

Client Name: _____

Type of Credit Card: _____ **MASTERCARD or VISA or DISCOVER** _____

Name (as it appears on the credit card): _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____

Best Email Address to reach you at: _____

By signing below I agree to accept charges on this credit card for treatment sessions and late/cancellation fees.

Signature: _____ Date: _____