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## Credit Card Authorization

I, \_\_\_\_\_, hereby authorize Conscious Choices to charge to the following credit card or debit card number for the services they provide me. This includes charging me for appointments that I do not cancel 2 business days in advance of the appointment.

### Credit Card Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ Code: \_\_\_\_

Card Type:  Master Card  Visa  Discover  Amex

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

### Please mail or fax to:

Roberta A. Moore, LMFT  
Conscious Choices  
8000 Bonhomme Ave., Ste. 413  
Clayton, MO 63105  
(828) 329-0431 (office)

NOTES:

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8000 BONHOMME AVE, SUITE 413, CLAYTON, MO, 63105

WWW.CONSCIOUSCHOICES.COM | (828) 329-0431 | ROBERTA@CONSCIOUSCHOICES.COM