

Client Name: _____



49 West Main Street
Avon, CT 06001
860.284.9779

www.creativedevelopmentct.com

AUTHORIZATION FOR PAYMENT OF SERVICES

Credit Card: Visa Mastercard Discover Card HSA Credit Card

Credit Card Number: _____

Expiration Date: _____ V-Code #: _____ (last 3 digits on the back of card)

Name on Credit Card: _____

Billing Address: _____

Phone #: _____ Email: _____

I give permission to Creative Development, LLC to charge my credit card.

Signature of Card Holder: _____ Date: _____

This card will be charged weekly once services have been rendered including one of the following:
Private Pay, deductible, co-insurance, copay.

I, _____, as the owner or person with signature rights, hereby certify that I agree to pay with either check, cash or credit card and that I agree to place a credit card on file. I authorize Creative Development, LLC to use the following credit card number for the purpose of paying for services rendered from Creative Development, LLC if I do not pay for check or cash. If insurance does not cover services and/or payment is not received within 30 days of receipt of invoice, I understand my credit card will be charged.

I also agree that in the event that this credit card becomes expired or invalid, I will provide Creative Development, LLC, payment with either a check, cash or current credit card for the payment of any outstanding balances owed to Creative Development, LLC. If a new card is provided I will fill out a new form. I also understand that I have the right, at any time, to revoke authorization of payment using credit card. If I choose to revoke authorization, I will pay for services rendered with either a check or cash. If I do not pay the agreed amount within 30 days receipt of invoice, my credit card will be charged.

Signature: _____ Date: _____