

**Psychology of Weston**  
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## Credit Card Authorization Form

Date \_\_\_\_\_

I hereby give Psychology of Weston Authorization to charge the below credit card for services rendered to:

\_\_\_\_\_

Mastercard

Visa

Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Credit Verification Number (3 digit # on back of card) \_\_\_\_\_

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

Cardholder Billing Address  
(as appears on credit card statement) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_