



**AMMIRATI  
COUNSELING**

Empowering Your Relationships

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**Credit Card Authorization Form**  
(Not an HSA Card)

Card Holder's Name: \_\_\_\_\_  
(Exactly as it appears on the credit card)

Client's Name: \_\_\_\_\_ Therapist: \_\_\_\_\_

Card Type (circle one):      VISA              MC              AmEx

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

CVV Code (3/4 digits only): \_\_\_\_\_

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

Card Holder's Phone Number: \_\_\_\_\_

I authorize the purchase of services from Ammirati Counseling using this Credit Card Authorization Form. I understand that Ammirati Counseling may charge my card at any time for services rendered and for the subsequent outstanding balance that may occur. I also understand that if my bill becomes 45 days past due, the full owed amount will be charged to this credit card automatically. I agree that I will pay for this purchase and indemnify and hold Ammirati Counseling harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

Card Holder's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_