

CONFIDENTIAL CREDIT CARD PAYMENT FORM

Authorization:	KUNO <input type="checkbox"/>	JOANNE <input type="checkbox"/>	OTHER: <input type="checkbox"/> _____
Amount:	\$ _____ , _____		Currency: UDS \$
DESCRIPTION:	Client Name: First: _____ Middle: _____ Last: _____		
INVOICE:	Session <input type="checkbox"/> Group <input type="checkbox"/> Workshop, Class, Training <input type="checkbox"/> Other <input type="checkbox"/>	Service Provided: _____ Date(s) of Service: ____/____/____ Workshop Title: _____	
CARD TYPE:	American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/>	PERMISSION TO USE CARD: ONE TIME USE, ONLY: <input type="checkbox"/> KEEP ON FILE: <input type="checkbox"/> This allows us repeated use of this credit card in order to withdraw the fee for services rendered, or as deposit. A receipt will be supplied to you each time this card is charged. Initials: _____	
Transaction Type: Sale	Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiration Date: MONTH + YEAR ____ / ____		15 AMEX 16 Other CC
CSC Number	Security Code: 4 digits AMEX 3 digits all other	Signature: _____ _____	
BILLING INFORMATION	Name: _____ Address: _____ City: _____ State: _____ Zip: _____		
Email:	Phone 1	Phone 2	

CREDIT CARD PAYMENT RECEIPT:

Authorization:	KUNO <input type="checkbox"/>	JOANNE <input type="checkbox"/>	OTHER: <input type="checkbox"/> _____
Amount:	\$ _____ , ____		Currency: UDS \$
DESCRIPTION: Client Name:	First: _____ Middle: _____ Last: _____		
Service:	Session <input type="checkbox"/>	Group <input type="checkbox"/>	Workshop, Class, Training <input type="checkbox"/> Other <input type="checkbox"/>
INVOICE: Date(s)	____/____/____		Workshop Title: _____
Transaction Type:	SALE		
Card Type:	American Express <input type="checkbox"/>	YOU GAVE PERMISSION TO USE THIS CARD: ONE TIME USE, ONLY: <input type="checkbox"/> KEEP ON FILE: <input type="checkbox"/> Initials: _____	
	Discover <input type="checkbox"/>		
	Master Card <input type="checkbox"/>		
	Visa <input type="checkbox"/>		
Card Number:	X X X X X X X X X X X X X 15 AMEX 16 Other CC		
Expiration Date:	MONTH YEAR XX/XXXX	Signature: _____	
CSC Number:	X X X (Security Code)		
Comments: 			

Thank You!