

Deidre Bliss, LPC

10304 N. Hayden Road, Ste 135

Scottsdale, AZ 85258

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License # 12261

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ (name of credit card owner)  
authorize Deidre Bliss, LPC to charge my credit card at the agreed upon rate per  
session. In addition, I will guarantee payment for any services rendered made with my  
credit card, including renewed cards.

\_\_\_\_\_

Authoized signature of card holder

\_\_\_\_\_

Printed name of cardholder

Card Type: American Express/Mastercard/Visa/Discover

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

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

Security Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Zip Code: \_\_\_\_\_