



Credit/Debit Card Authorization

I, authorize Core Enhancement Coaching and Consultation, LLC to charge my credit/debit card for the amount shown for services or programs as noted below until I terminate that authorization in writing.

Client Name: _____

Name on Card (if not the same as above): _____

Billing Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Card Number: _____

Expiration Date MM/YY: _____

\$ Amount per month (see Coaching Agreement) _____

Card Type (please circle one): MasterCard Visa

Authorized Signature/Date: _____

Prior to your first session, please fax or mail this form to:

Lori Eastep
Core Enhancement Coaching and Consultation, LLC
PO Box 942, Kent, WA 98035-0942
Fax: 708.827.1719