



## Credit Card Pre-Authorization Form

I hereby authorize The Viva Center to keep my signature on file and to charge my account for balances of charges for services rendered to me and/or my family, not to exceed a rate of  \$150  per  45 minutes . I understand that this authorization will remain in force until The Viva Center has received written notification from me of its termination in such time and in such manner as to afford The Viva Center a reasonable opportunity to act on it.

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

Cardholder's Name: \_\_\_\_\_  
(as it appears on card)

Credit Card Billing Address: \_\_\_\_\_  
(where credit card statement is mailed ) \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card Type: ( ) Visa ( ) MasterCard ( ) American Express ( ) Discover

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

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

Signature: \_\_\_\_\_