

## **Life Enrichment Coaching Credit Card Processing Form**

I, \_\_\_\_\_, hereby authorize Judy Epstein to charge the following credit card in the amount shown below for monthly coaching services. This payment agreement will be in effect until services have been completed or are ended by request of the client either verbally or in writing.

### CREDIT CARD INFORMATION:

Card Type:   \_\_\_ Visa   \_\_\_ MasterCard

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

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

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

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

Street or P.O. Box

\_\_\_\_\_

City

State

Zip Code

Amount: \$262.50\*

Billing Cycle: Every 4 weeks, based on standard Coaching Agreement

Cardholder's Signature: \_\_\_\_\_

(Please return this completed form to Judy Epstein via fax to 520-844-8006, or send it to: Judy Epstein, PO Box 585, Mt. Lemmon, AZ 85619. Thank you.)

\*\$250 for Coaching and \$12.50 for clerical processing