



Guiding
Exceptional
Parents

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PERMISSION TO USE CREDIT CARD

Please charge fees associated with the following clients. This includes charges for missed sessions not cancelled within 24 hours of the appointment time.

Client 1: _____

Client 2: _____

Name on Card:

VISA/Master/Discover Card/American Express credit card number:

Billing Address for Card:

Street

City

State

Zipcode

Card Expiration Date (MM/YYYY) _____

CVC or CW code on back of card _____

Your Signature

Today's Date