

Executive Coach Service

Credit Card Authorization Form

I hereby state that I am authorized and give permission to Executive Coach Service to use the following credit card information to pay for non-refundable deposits, payment balances or for services rendered. I also authorize Executive Coach Service to keep the credit card information on file for payment of future services. If payment is denied by the credit card company, I will bear full responsibility for any payments due including any costs to collect any payments due. The following is the credit card information and my signature of authorization:

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Credit Card Billing Address: _____

Phone Number: _____

Authorized Signature: _____

Printed Name: _____

Date: _____

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