



LMVCOUNSELING

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CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL			BUSINESS	
COMPANY NAME					

ACCOUNT NUMBER					
EXPIRATION DATE	CVV Code:				
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD	
NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	

AUTHORIZATION OF CARD USE
<p>I authorize LMV Counseling, PLLC to charge my credit/debit/health account card for professional services at the time of service. If I do not cancel before 24 hours, I recognize that LMV Counseling PLLC will charge my card as a late cancel or no show if I do not show up for the appointment. I will be billed for the full session charge.</p> <p>I verify that my credit card information, provided above, is accurate to the best of my knowledge. I certify that I am the authorized holder and signer of the credit card referenced above. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	