

Green House Group, PA

Psychotherapy and Consultation

CREDIT CARD INFORMATION FORM

Client Name: _____

Cardholder Name: _____

Billing Zip Code: _____

Card Type: Visa_____ MasterCard_____ Discover_____ AmEx_____

Credit Card #: _____

Expiration Date: _____ 3 digit code_____ (on back)

Payment amount: _____ (USD)

Note: Once information is entered into our credit card processing system, this document will be shredded.

Signature: _____ Date: _____