

Sherry Stolp, MA, LPC

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Credit Card Authorization

Name _____

Address

(associated with card)

Credit Card Information

Credit Card Type
(please select)

Mastercard Visa Discover American Express

Card Number

Expiration

_____ Security # _____

Signature

Your signature below indicates your approval to charge your credit card for indicated session fees including:

- total session fees (\$90.00 for 50 minutes session and \$120.00 for 75 minute session),
- no show or appointments cancelled without 24 hour notice (\$90 for regular session and \$120.00 for extended session).

I, _____ authorize Sherry Stolp, MA, LPC to charge my credit card as indicated above.

Authorized Signature _____ Date _____