

Ryan Long, LICSW

STATEMENT OF FINANCIAL RESPONSIBILITY

I, _____, understand that it is a policy of the practice to retain credit card information on all clients in order to manage collections. By listing the contact information below, I am identifying the person who holds financial responsibility for payment.

AUTHORIZATION FOR CREDIT CARD USE

Please read Options A and B. Sign and date the option of your choice.

OPTION A

I authorize Ryan Long, LICSW, of Attainable Peak Performance Boot Camp to use the credit card information that I supply below to charge my credit card for services provided by Ryan Long to me. I understand and accept that my credit card will be charged at the beginning of each month in which services begin.

Signature

Date

OPTION B

I authorize Ryan Long LICSW of Attainable Peak Performance Boot Camp to use the credit card information that I supply below to charge my credit card for services provided through Ryan Long, LICSW, to me ONLY IF AND WHEN MY PAYMENT BALANCE BECOMES PAST DUE.

Signature

Date

Please provide all of the information requested below:

Credit Card Type and Number (Visa, Mastercard, or Discover)

Client's Name

Name of Credit Card Holder

3-Digit Security Code

Billing Address (Street, City, Zip Code)

Credit Card Expiration Date

By refusing to sign this form, I understand that I must pay for services at the time that they are rendered and contact Ryan Long to discuss pre-payment options.