

Ivona Bhadha, LCSW ~Mindful Therapist, Inc
1035 State Road 7, Suite 315 Wellington. FL 33414
370 Camino Gardens Blvd, Suite 307, Boca Raton, FL 33432
561-287-0942 ~ ivonabhadha@gmail.com

CREDIT CARD AUTHORIZATION

VISA M/C AMEX

Name on Card

Card Number

Security code _____

Exp Date _____ / _____

Billing Zip _____

All merchant processing (credit card) is done through a secure online “virtual terminal” at the end of each business day. By signing this form, I authorize Mindful Therapist, Inc to charge all the applicable fees for services on the above credit card:

Signature

