



Authorization for Credit Card Use

All information will remain confidential

Name on Card: _____

Billing Address: _____

E-Mail Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize ACAS Counseling, LLC to charge all billable services to the credit card provided herein. I agree to pay purchases in accordance with the issuing bank cardholder agreement. This agreement is valid for one year from date signed.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____