



9835 E. Bell Rd., Ste. 140
Scottsdale, AZ 85260
602-957-7600
www.BeljanPsych.com

CREDIT CARD AUTHORIZATION FORM

The purchaser _____, wishes to enroll _____ at Beljan Psychological Services, LLC for the following services:

Please indicate which charges will be accepted:

- Motor Cognition2 Program; \$85.00 per hour
Lindamood-Bell Reading Program; \$85.00 per hour
Academic tutoring; \$50.00 per hour

In addition, the purchaser should be aware that if they fail to cancel a scheduled appointment at least 24 hours in advance, a no-show fee equal to the price of the session will be charged. _____ (initials)

Please complete all fields.

Credit Card Information
Card Type: [] VISA [] MasterCard [] Discover [] AMEX
[] Other:
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Zip Code (from credit card billing address):
Email:

Purchaser Signature: _____

Date: _____

Administration Signature: _____

Date: _____