ProfessionalCharges.com

Credit/Debit Card Payment Consent Form

Client Name _____
. *Print Last* *First* *Middle Initial*

Name on Card if different _____
I authorize _____ **and ProfessionalCharges.com**
. *Provider Name*
to charge my card for professional services for

the amount of $_____.

Type of Card: ☐ VISA ☐ MasterCard. ☐ Discover Exp. Date _____
.
Card Number _____ - _____ - _____ - _____ CVV Number _____
.
Card Holder's Billing Address for Monthly Card Statements

_____
Street *City* *State* *Zip*
.
If I have questions about these charges, I agree to contact my provider and if necessary ProfessionalCharges.com via email (info@professionalcharges.com). I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by my provider.

Card Holder Signature _____ Date
____ /____ /____

Charges may appear on your card statement as an abbreviation of **ProfessionalCharges.com** *usually* **ProfCharges.com**