I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorize “Tikunim Counseling Services” to charge my credit card

 (NAME)

AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_USD.

CREDIT CARD TYPE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARD CV2 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISSUED DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME ON CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (As it appears on card)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES: