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CREDIT CARD AGREEMENT

I, _____, GIVE MY CONSENT TO
THE OFFICE OF DR. ILDIKO TABORI TO BILL MY CREDIT CARD AS PAYMENT FOR
SESSIONS OR CO-PAY PER SESSION.

_____ VISA

_____ MASTERCARD

_____ AMERICAN EXPRESS

_____ DISCOVER

CREDIT CARD NO.: _____

EXP DATE: _____ CVV: _____

BILLING ADDRESS:

_____ AMOUNT: _____ PER SESSION CO-PAY (REPEATING PAYMENT)

_____ AMOUNT: _____ ONE-TIME ONLY PAYMENT

SIGNATURE: _____ DATE: _____

PRINT NAME: _____