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## **Credit/Debit Card Authorization**

I, authorize *Synechis Corporation*, to charge my credit/debit card for the amount shown for services or programs as noted below until I terminate that authorization in writing.

Client Name: \_\_\_\_\_

Name on Card: (if not the same as above) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date MMY: \_\_\_\_\_

\$ Amount per month (see Coaching Agreement) \_\_\_\_\_

Card Type: (please circle one)      MasterCard      Visa

Authorized Signature/Date: \_\_\_\_\_

Prior to your first session, please fax or mail this form to:

*Melinda M. Sorensson*  
*Synechis Corporation*  
*204 Birch Drive*  
*Lafayette, Louisiana 70506*  
*Fax 337 988 5597*