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### Credit Card Authorization Form

Cardholder Information \_\_\_\_\_

Billing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I hereby affirm that I am the cardholder of the referenced credit card, I authorize Exhale Healing Arts, LLC to charge the referenced credit card for the purpose of securing an appointment, counseling session, or missed appointment fees.

### Credit Card Information

Cardholder Name \_\_\_\_\_

Card type: Master card \_\_\_\_\_ Visa \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_

Expiration date \_\_\_\_\_ CVC Security Code \_\_\_\_\_ Billing Zip code \_\_\_\_\_

Account Holder Signature (if present) \_\_\_\_\_