

Noa's Coaching

Credit Card Charge Authorization Form

I hereby authorize Integrative Minds, to charge my credit card for the service and/or product described below.

I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payment with my credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.

Name on Card: _____ Card Type: _____

Card #: _____ Expiration Date: _____

3 Digit #'s on back of card _____

Billing Address:

One-Time Charge Amount: \$ _____

Continuous Charge Amount: \$ _____ Weekly Monthly Quarterly Other

Signature: _____ Date: _____

Description of Service/Product:
