

Christian Trey & Co

christiantreyandco@gmail.com

As a courtesy, we offer our clients the option for their session fees to be billed directly to their credit card. This form authorizes Christian Trey & Co to bill your credit card for services and is kept confidential and private. Please complete all information below.

PLEASE PRINT

Today's date: _____

Please circle: Monthly Each Session

Name on Card: _____

Circle: Visa MasterCard American Express Discover

Card #: _____

Expiration Date: _____

Client Name: _____

Address: _____

Zip Code: _____

➔ **Signature:** _____

FOR OFFICE USE

Billing #: _____