

**ANDREA ANDES, M.A., LMFT**  
**1213 NORTH GOLIAD STREET**  
**ROCKWALL, TX 75087**  
**310.493.7445**

## **CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_, AUTHORIZE ANDREA ANDES,  
M.A., LMFT, TO CHARGE MY CREDIT CARD FOR BILLED SERVICES.

CREDIT CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_ CRV \_\_\_\_\_

(CIRCLE) VISA, MC, DIS, AMEX

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BILLING  
ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

THERE WILL BE A DISCOUNT OF \$5.00 TO YOUR FEE IF YOU PAY  
WITH CASH/CHECK.

LICENSED MARRIAGE AND FAMILY THERAPIST 83892 CA  
LICENSED MARRIAGE AND FAMILY THERAPIST 203661 TX