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**AUTHORIZATION TO DEBIT CREDIT CARD FORM**

Name as it appears on the Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ (Where Credit Card Statement is Sent)

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

Telephone Numbers: Home: \_\_\_\_\_  
Work: \_\_\_\_\_ ext: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

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

**CREDIT CARD INFORMATION**  
Check one:

Visa     MasterCard     Diners     Discover     American Express

Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

I would like to establish a credit card account and authorize Strategies For Success. to process any charges for all future use.

I, the undersigned, authorize Nicole Cavalea D/B/A Strategies for Success. to charge the above referenced credit card for Speech Therapy and related services, which may be rendered through Strategies For Success. In accordance with the terms and conditions between Strategies For Success. and the undersigned, I fully understand and Agree That Strategies For Success May Charge My Credit card for All Services rendered, Furthermore, I Agree That All Sessions must have A Minimum of 24 Hour Cancellation Notice Or My Card shall be charged for the missed appointment At the Full Rate of the Session.

I Understand And Agree to All the terms and conditions Set forth in our written Agreement and Give up All of my Chargeback Rights if any of the terms and conditions are not Met and Adhered to

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please make sure to attach A Clear Legible Copy Of Your Drivers License And Both Sides Of the Credit Card to this Agreement)