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CREDIT CARD/DEBIT CARD AUTHORIZATION

I, _____, hereby authorize Dorit Reichental to charge my credit/debit card for professional services in the amount of: _____ per hour of services provided.

Please check type of card: VISA Mastercard American Express

Bank Name on the Card (Issuing Financial Institution)

Cardholder Name (as it appears on the card)

Credit Card Account Number

Credit Card Expiration Date

CVV Number
(3-digit code on the back of the card)

Cardholder Signature

Credit Card Billing Address for Monthly Card Statements:

I further authorize Dorit Reichental to process the above card for **recurring fees** in the amount of \$ _____ from the following inception date _____ to the following end date _____ (If not applicable, please enter N/A in the spaces above)

If I have any questions about these charges, I agree to contact Dorit Reichental via email at doritkr@aol.com. I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by my provider.

Client Signature