



SPEECH THERAPY

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CREDIT CARD AUTHORIZATION FORM

CLIENT'S/CHILD'S NAME: _____

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

CVC NUMBER: _____ EXPIRATION DATE: ____/____
MONTH YEAR

BILLING ADDRESS:

EMAIL ADDRESS (FOR RECEIPT): _____

I hereby authorize Jabberdogs to charge the above referenced account and to apply said charges toward the payment of services rendered.

I affirm that all information provided is accurate and complete. Further, I acknowledge that Jabberdogs may terminate services immediately if any charges are declined. Disputes to amounts invoiced should be reported immediately to tudor@jabberdogs.com

I understand that it shall remain my obligation to notify Jabberdogs of any changes in the status of this card, which must be reported to tudor@jabberdogs.com

SIGNATURE: _____