



PAYMENT OPTION FORM

Please choose one of the following options that is most convenient for you.

_____ On a weekly basis

_____ Payment at each session

_____ Monthly, using Visa, Mastercard, American Express, or Discover

Card #

Exp. Date

CVV

Name on Card

Billing Address

By signing below, I am agreeing to the payment option I have chosen above.

Signature

Date

Print Name