

CREDIT

## **AUTHORIZATION FORM**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Card Type:   MasterCard UISA Discover AMEX Other
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy): CVV Code (on back)
Cardholder ZIP Code (from credit card billing address):
, authorize Anthony Hampton Coaching LLC,
DBA Recovery Life
coaching to charge my credit card above for agreed upon purchases. I understand that my information wi
be saved to file for future transactions on my account.
ignature: Date: