

5560 Sterrett Place, Suite 201 Columbia, MD, 21044 p. (443) 546-4000 f. (443) 546-4005

www.collaborativecounselingcenter.com

## **Credit Card Payment Form**

Client Name:	_ Client Date of Birth:
Provider(s) Name:	
Credit Card Type (Visa, MasterCard, AMEX, etc.): _	
Credit Card Number:	
Security Code:	Expiration Date:
Name as it appears on the card:	
Zip Code Associated with billing address:	<del> </del>

Collaborative Counseling Center collects payment at the time of service. If we cannot process payment with the information provided, we will contact you for an alternative payment method.