

CREDIT CARD 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.

CREDIT CARD INFORMATION

Card Type: ___ MasterCard ___ VISA ___ Discover ___ AMEX
 ___ Other _____

Cardholder Name (exactly as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ **Secret Code:** _____

Cardholder Address and ZIP Code (from credit card billing address):

I, _____, authorize **Tracy R. Zemansky, PhD.,
Courage to Change, Inc. and/or Pacific Assistance Group, Inc.** to charge my credit card
above for agreed upon purchases. I understand that my information will be saved to file
for future transactions on my account.

Customer Signature **Date/Time**