



5755 North Point Pkwy Suite 101 Alpharetta GA 30022
181 Tenth Street NE, Suite 103 Atlanta GA, 30309
1606 Memorial Drive, Burlington, NC 27215
GA Phone: 678-310-6631
NC Phone: 336-567-3001
Fax: 866-907-3948
info@1alliancecps.com

Credit Card Authorization Form

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Credit Card Information
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Cardholder Name (as shown on card): _____
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I, _____, authorize 1 Alliance Counseling and Psychotherapy Services LLC 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