



CREDIT CARD PROCESSING INFORMATION

For your convenience, credit cards are accepted. Fill out this form and mail or fax to me.

Credit Card Information	
Client Name	
Street Address	
City, State & Zip Code	
Name on Credit Card	
Expiration Date	
Amount	
Credit Card #	
Type of Card	MasterCard Visa American Express
Authorization (CVC) Code	
Authorized Signature	
Date	
Email	
Coaching Sessions (if applicable)	

Mail to: Wells Consulting Services
924 Farmington Ave, Suite 103
West Hartford, CT 06017