Greta Angert, MS, LMFT
9777 Wilshire Blvd., Suite 1007
Beverly Hills, CA 90212
310-712-6318
www.gretaangert.com

Credit Card Authorization

Payment by Mastercard or Visa is due when services are rendered unless an alternate payment plan is established. I understand that my credit card will be charged for the agreed upon fee. I understand that there is a 48 hour cancellation policy and that my card will be charged if I fail to provide 48 hours advance notice to cancel a session.

Responsible party signature: _____

Responsible party printed name: _____

Date: _____

Cardholder name: _____

Credit card #: _____

Exp. Date: _____

3 digit security code: _____

Billing zip code: _____