



PAYMENT AUTHORIZATION

Name of Applicant _____

Telephone (_____) _____

Driver License # _____ State _____

I authorize CONSULTING & EDUCATIONAL CENTER OF NEW YORK (CEC) to charge my credit card for the below-specified charges. This authorization is to be held for CEC's information only and will not be released to any unauthorized persons.

Workshop of interest: _____ Discovery _____ Date of Workshop _____
_____ Transformation _____
_____ Mastery _____
_____ Inner Child _____

Name of Cardholder _____
(please print)

Card Holder's Phone # (_____) _____

Credit Card Type (circle one): Visa Mastercard Discover Other

Card Number: # _____

Expiration Date _____ / _____ 3 digit code as found on back of card _____

Amount Authorized: \$ _____

Card Holder's Signature **X** _____ Date _____