



ProfessionalCharges.com

Credit/Debit Card Payment Consent Form

Client Name _____

Print Last First Middle Initial

Name on Card if different _____

I authorize James E Reavis and ProfessionalCharges.com to charge my card for professional services for

the amount of \$ _____.

Type of Card: VISA MasterCard. Discover Exp. Date _____

Card Number _____ - _____ - _____ - _____ CVV Number _____

Card Holder's Billing Address for Monthly Card Statements

Street City State Zip

If I have questions about these charges, I agree to contact **James E Reavis** and if necessary ProfessionalCharges.com via email (info@professionalcharges.com). I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by **James E Reavis**.

Card Holder Signature _____ Date
____ / ____ / ____

*Charges may appear on your card statement as an abbreviation of **ProfessionalCharges.com** usually **ProfCharges.com***