

Client: _____

Jonah Green & Associates

3930 Knowles Avenue, Suite 200
Kensington, MD, 20895

Phone: 301-466-9526
Fax: 301-949-0677

Credit Card Payment

Date _____

Card Holder Information:

Name on Card: _____

Home Address: _____

Phone Number: _____

Card Information:

MasterCard (16 digits) Visa (13 or 16 digits) Discover (16 digits)

Card #: _____

Expiration Date: _____

Three-Digit Security Code: _____

Payment Amount: _____ per 45-50 min session

"I authorize Jonah Green and Associates to charge this credit card for each appointment unless otherwise specified"

Cardholder Signature: _____

Therapist:

Jonah Green Reena Bernards Annie Scheiner Carlo Panlilio
 Jocelyn Smith Kirsten Jimerson Other: _____