



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Mary Stager, Founder, re-thinc, LLC to charge the following credit card for business coaching and/or consulting services rendered. I can cancel authorization at any time by sending a written notice of termination.

Your Name: _____
(As it appears on credit card)

Billing Address: _____
(As it appears on your credit card statement)

City: _____ State: _____ Zip Code: _____

Email Address: _____

Credit Card Type: VISA MasterCard Discover AMEX

Credit Card #: _____

Expiration Date: _____

CVV Security Code #: _____

Authorized Signature: _____

Date: _____



Complete form and return to:

Mary Stager, Founder, re-thinc, LLC
5 Hilltop Drive ▪ Madison CT 06443 ▪ mstager@rethinc.biz ▪ (203) 435-5282