

STEPHEN J. JOHNSON, PH.D.

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Patient's Credit Card Payment Consent Form

Client Name _____
Print Last First Middle Initial

Name on your card if different to above _____

I authorize Stephen J. Johnson, Ph.D and/or Sacred Path Productions, Inc to charge my credit card for professional services. Visa, MasterCard & American Express are accepted for payment and will be subject to a processing fee equal to 3.00% of the payment amount.

Type of Card: VISA _____ **MasterCard** _____ **American Express** _____

Card Number _____ - _____ - _____ - _____ **Exp. Date** _____ **Code** _____

Card Holder's Credit Card Billing Address where Statements are sent.

Street City State Zip

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