

Beach Psychology

**Dr. Kelly Warren (PSY27851)
2447 Pacific Coast Highway, suite 213
Hermosa Beach, CA 90254
310-947-9279**

Credit Card Authorization Form

Name on the card _____

Visa _____ Mastercard _____ Amex _____

Card Number _____

Expiration Date _____

Security Code _____

Billing Zip Code _____

Amount Charged _____

By signing this form, I authorize Beach Psychology to charge my card for a one time testing fee.

Signed _____ Date _____