

3913 Old Lee Highway, Suite 32-A, Fairfax, Virginia 22030

Phone: 703.352.9005 Fax: 703.352.8999

www.nancynewport.com

Nancy Newport, LPC, LMFT, PC

Providing psychotherapy to individuals, couples and families

Date: _____

I, _____, hereby authorize Nancy Newport to charge to the following credit card account for

Psychotherapy Services

Coaching Services

This payment agreement will be in effect until services have been completed or are ended by request of the client, either verbally or in writing.

CREDIT CARD INFORMATION:

Card Type: Visa Mastercard

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