Lori Klein Freer
Light Life with Lori

Jupiter, FL 33458
561-512-1807
lori@lightlifewithlori.com
www.lightlifewithlori.com

PAYMENT AUTHORIZATION FORM

Services Provided:

Holiday Special Rate through January 7th
for Soul Food 8 Week Program
20% off

$960
2 payments of
$480

I hereby authorize Light Life with Lori to charge my credit card / bank account for a one time and or monthly charge in the amount of:

$ _____ starting on the _____

Billing Address: _____

Phone Number: _____ Email: _____

☐ **Visa** ☐ **Master Card** ☐ **American Express** ☐ **Discover** ☐ **Bank**

Card Holder / Account Name: _____

Account / Card Number: _____

Expiration Date (Credit Card): _____ CVV2 #: _____

_____ _____

Signature Date

Additional Notes :

I authorize Lightlifeoflori to charge my account indicated on this form according to the terms outlined above. I certify that I am an authorized signer for this account and I will not dispute the payment with my Credit Card Company or bank, so long as Lightlifeoflori performs her responsibilities for which I am paying. Please note that your credit card charges will be charged through Dental Implants Consultants LLC which you will appear on your credit card statement.