



**ProfessionalCharges.com**

**Credit/Debit Card Payment Consent Form**

**Client Name** \_\_\_\_\_  
*Print Last First Middle Initial*

Name on Card if different \_\_\_\_\_

**I authorize Kay I Endres-Reavis and ProfessionalCharges.com  
to charge my card for professional services for**

**the amount of \$**\_\_\_\_\_.

Type of Card: ☐ VISA ☐ MasterCard ☐ Discover Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV Number \_\_\_\_\_

Card Holder's Billing Address for Monthly Card Statements

\_\_\_\_\_  
*Street City State Zip*

If I have questions about these charges, I agree to contact **Kay I Endres-Reavis** and if necessary ProfessionalCharges.com via email ([info@professionalcharges.com](mailto:info@professionalcharges.com)). I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by **Kay I Endres-Reavis**.

**Card Holder Signature** \_\_\_\_\_ **Date**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Charges may appear on your card statement as an abbreviation of  
**ProfessionalCharges.com** usually **ProfCharges.com***