

**THE HELPING PLACE, LLC  
PTSD SOLUTIONS THERAPY**

3001 W. Hallandale Beach Blvd.  
Suite 302  
Pembroke Park, Florida 33009  
M. 954-455-0388 F. 954-455-7588  
e-mail: [ptsdsolutionstherapy@gmail.com](mailto:ptsdsolutionstherapy@gmail.com)  
web: [www.Ptsdsolutionstherapy.com](http://www.Ptsdsolutionstherapy.com)

Patient's (Client) Name: \_\_\_\_\_

*Please circle type of Credit Card:    Visa    MC    AmEx    Discover*

Use this form to pay for services rendered. This signed form gives The Helping Place, LLC permission to bill using the information contained. Simply complete the information requested, then sign where indicated.

Once done, you approve all billings, which coincide with visits to the Helping Place, LLC. .

Name on Card: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Exp Date: \_\_\_\_

3 or 4 Digit CVS Code: \_\_\_\_

BILLING ADDRESS OF CREDIT CARD \_\_\_\_\_

\_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Total Charges for Services: \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_ 201 \_\_\_\_

This may be revoked by sending a signed and dated Letter of Revocation to the above listed address.

The letters' postmark shall determine the revocation date.