

Simone Peer, Inc.

PROFESSIONAL CERTIFIED COACH - ICF MENTORING/SUPERVISION

PAYMENT REGISTRATION FORM (CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM) Complete, Sign & Fax this form to: +1.206.600.4903

Name: _____ Company: _____

Phone: _____ Primary Email: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Coaching Program: *Professional Mentor Coaching: 3x/Month ~ 16-Pkg*

Fees:

Total Amount Due: \$ (US Dollars): \$ prepay /// (or per month) to be debited on the 1st of each month.

Initial Payment Amount (US Dollars): \$ to be debited on

Remaining # Installments to be debited in payments of \$ USD every # days.

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This form confirms your request for pre-authorized payment by Credit Card. Your signature below constitutes your agreement to pay your fees either in full, in # installment payments or as a regular monthly payment. Payments will be charged to the card indicated below in equal monthly payments as stipulated above.

Credit Card Type:     Visa     MasterCard     Discover Card     American Express

Credit Card Account #:      card ending in \*\*\*\*    Expiration Date:         CVV/CVC code:      on file

(Last 3 digits in the signature area on back of card)

### Credit Card Billing Information:

Name as it appears on Credit Card: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

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 INITIAL Pursuant to contract: If the card is not honored, the client will provide an alternate form of payment and understands that their coaching sessions cannot continue until/unless the Client is up-to-date with payments as outlined in their agreement.

 INITIAL Pursuant to contract: I understand and agree that this registration is non-cancelable and that I am responsible for full payment of stated fees until I request to cancel coaching agreement in writing. To further clarify, no refunds will be issued and all monthly payments will be made on a timely basis.

I, the undersigned, hereby authorize **Simone Peer, Inc.** to utilize the above credit card account to debit a deposit/initial payment and/or the subsequent balance in the monthly amounts indicated above. I affirm that I am at least 18 years old and that I am legally authorized to use the credit card account number(s) specified above.

Cardholder Signature: _____

Date: _____

PREPARING COACHES TO MAKE IT, so THEY NEVER HAVE TO FAKE IT!

simonepeer.com
1.773.384.5683