# Credit Card Authorization

I, _____, affirm that I am authorized to initiate charges on the following credit card provided and hereby authorize NCH Wealth Advisors to charge this credit card account in the amount shown below for the above-described Small Business Managment 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.

Monthly Charge: $150

Card Type: Visa MasterCard Amex

Card Number: _____Expiration Date: _____

Name on Card: _____

Mailing Address your Credit Card statements are sent to:

_____

_____

_____

_____

Phone Number associated with this Credit Card: _____

E-mail Address: _____