Responsible Party Agreement for Payment of Services

I, (Print name) agree to be responsible for any/all payments & unpaid balances for account of:
Name/names of client(s)
Payment to be prepaid and made by credit card: (Responsible party may also mail in a check to prepay before sessions for a particular period of timei.e. for a month sessions ahead of actual sessions. Payments applied to account of person listed above, and any/all balances charged on credit card listed below. If you are mailing in a check, please allow adequate time for the check to clear your bank and be available for the client before their next appointment.)
This agreement will remain in force unless discontinuance of such is received in writing by responsible party to Clifton Fuller's offices.
Please bring this form to the session with you or mail to: Clifton Fuller, 15303 Huebner Rd, #10, San Antonio, TX 78248 (210-404-9001)
For security issues, and as faxed documents are not always secure, IF you fax this form to our offices, please fax with only the first eight (8) credit card digits written below. After faxing document (with signature and all other information listed), please <i>call our offices</i> to provide last 8 digits of credit card information and the cvs information.
Card Holder information (All information required)
Credit Card()MasterCard()Visa()Discover/Novus (We do not accept American Express)
Credit Card #:
Expiration Date (month/year) Zip Code where stmt is mailed: CVS (3 digit code on back of card): Name of Card Holder:
Signature of Card Holder:
Mailing Address of Card Holder:
City/State/Zip:
Phone #: Fax:
Relationship to client(s)?
Phone #: Fax: Fax: If there are limitations, indicate below, and notify client of such, as well. (i.e.: limited to
If there are limitations, indicate below, and notify client of such, as well. (i.e.: limited to 10 sessions, individual sessions only, family sessions only, etc.) Limitations (if any):