

**Lois Thomson Bowersock & Associates, LLC**  
**1733 Woodstead Court, Suite 101**  
**The Woodlands, TX 77380**  
**Phone: 281.419.5255 Fax: 281.419.5251**  
**Email: [lois@parentscoach.com](mailto:lois@parentscoach.com)**

I, \_\_\_\_\_, hereby authorize Lois Thomson Bowersock & Associates, LLC, to charge my credit card account in the amount not to exceed \$ 200.00.

( ) Visa                      ( ) MasterCard                      ( ) Other

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

VID Code: \_\_\_\_\_

**Credit Card Billing Address:**

Street: \_\_\_\_\_

City, State: \_\_\_\_\_

ZIP: \_\_\_\_\_

**As the credit card holder I authorize Lois Thomson Bowersock & Associates, LLC to charge my credit card \$145.00 for any missed appointments or appointments not cancelled with 24 hours advance notice.**

**Please note that your insurance provider will not reimburse you for missed appointments or late cancellations.**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date