



Credit Card Authorization

Name \_\_\_\_\_

Company Name (If Applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

We accept Visa, Mastercard and American Express

Credit / Debit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

CVV \_\_\_\_\_

Signature \_\_\_\_\_

Please return via text (801) 979-0050 or email [michael@legacycoachingandconsulting.com](mailto:michael@legacycoachingandconsulting.com)