The Eating Disorder Trap, Inc.
ROBYN L. GOLDBERG, RDN, CEDRD-S
Nutrition Therapist
2355 Westwood Blvd.
Suite 743
Los Angeles, CA 90064
(310) 273-0413

Credit Card Authorization

Payment is due when services are rendered unless an alternate payment plan is established with Robyn L. Goldberg, RDN, CEDRD-S. If payment is not made at time of service or if you have an outstanding balance, then your credit card on file will be charged in the amount of the outstanding balance.

Payment guarantee: I understand that I am individually responsible for all incurred charges, even if I direct billing to another individual. If I direct the bill to another individual who fails to make payment when due, I will provide payment promptly.

I understand that there is a 24 hour business day cancellation policy and that I will be charged if I fail to provide 24 hours advance notice to cancel a session.

I have read, understand and agree to the information and guarantee above.

Client signature: _____ Date: _____

Client's printed name: _____

Please provide a credit card authorization regardless of your payment method

Credit card authorization: I, _____ (printed name) authorize the maintenance of a valid credit card to guarantee my agreed upon payment option.

Cardholder name: _____
Card type (please circle one): Visa MC
Billing address: _____ City: _____ Zip: _____
Credit card #: _____ Expiration: _____/_____/_____
CVV code: _____

Cardholder signature: _____ Date: _____