

**ROBYN L. GOLDBERG, RDN, CEDRD, INC.**

Nutrition Therapist  
A Professional Corporation  
9777 Wilshire Blvd. #901  
Beverly Hills, CA 90212  
(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. 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 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: \_\_\_\_\_

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***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: \_\_\_\_\_

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