

**NAME OF CLIENT:** \_\_\_\_\_

**DEBIT AND CREDIT CARD INFORMATION SHEET**

**Required information which must be on file with Peninsula Associates before services are provided.**

Type of card: \_\_\_\_\_ debit \_\_\_\_\_ credit. MasterCard, VISA, Discover (circle one)

Name of card holder as it appears on card: \_\_\_\_\_  
Please print

Billing address for card (include zip code): \_\_\_\_\_  
\_\_\_\_\_

Debit/credit card number : \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ V-Code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

**I agree that this debit or credit card information will be used either as a primary payment method or as a “default” payment method, according to the payment option I have chosen.**

**I agree to provide updated debit or credit card information to Peninsula Associates as required to keep my payment information current.**

**I understand that this information will be kept securely and confidentially by Peninsula Associates. When our services are completed and further services are not anticipated, this information will be shredded and discarded.**

\_\_\_\_\_  
**Signature of cardholder**

\_\_\_\_\_  
**Date**