



Clear Vision ~ Executable Plan ~ Unprecedented Results

Revised 4.26.10

CREDIT CARD AUTHORIZATION

Name _____ Today's Date ___/___/___ Phone _____

Company _____ Email _____

Name on CC Card _____

Billing Address _____

City _____ State _____ Zip _____

Credit Card Type: MasterCard / Visa / American Express / Discover

Card Number _____ Expiration Date ___/___/___ Security # _____

For Payment of the Following Package(s): *By signing this agreement, you authorize Jim Driscoll Intl. to bill the above mentioned credit/debit card in advance and in accordance with the Service(s) detailed below and agree to the terms and conditions of the JDI Coaching Agreement.*

Authorized by: _____ Date: ___/___/___

| | |
|-----------------------------------|--|
| COACHING PROGRAM: Circle 1 | Group Coaching / Team Coaching / Individual Coaching |
| INITIAL TERM: | 3 / 6 / 9 / 12 Months with Start Date of : _____ |
| FEE: | Group: One Time Pmt. <u>\$1500</u> / Individual: One Time Pmt. <u>\$3000</u> Normally \$2800 (Save \$1300) Normally \$4200 (Save \$1200) |
| # MTHLY. SESSIONS: | _____ Sessions Per Month |
| DURATION: | Approximately _____ Minutes per Session |
| PARTICIPANTS: | Total # of Participants: _____ (If more than one and/or other than credit card holder, please list the name(s) of participant(s) below in "Notes" section.) |

Notes:

