**CREDIT CARD VITAL INFORMATION FORM**

**You may fill this out in Word and email back to me, read the information to me over the phone, or give it to me in person. In any event, this is the information I will need. It will be vaulted in Square’s encrypted system. I will delete it from my system.**

Name on credit card:

Name of client if different from name on card:

Credit card number:

Expiration date:

Security code:

Billing street address:

City, state, zip code:

Phone #:

Email address: