***BAY AREA CLARITY***

**Tina Clayton, Inc.**

**Psychotherapy and Behavioral Health & Wellness Services**

***THERAPEUTIC DISCOUNT PACKAGE OPTIONS***

**With the option of purchasing therapeutic services in advance at a discounted rate, I agree to the discount of:**

***(circle): 10% or 5% off***

**10% off 10 sessions**

**[ ] I want to save $100.** Bringing my balance of $100/session totaling $1,000 down to $90/session totaling $900

*Or*

**[ ] I want to save $130.** Bringing my balance of $130/EMDR session totaling $1,300 down to $117/session totaling $1,170

**OR**

**5% off 5 sessions:**

**[ ] I want to save $25.** Bringing my balance of $100/session totaling $500 down to $95/session totaling $475

*Or*

**[ ] I want to save $32.50.** Bringing my balance of $130/EMDR session totaling $650 down to $123.50/session totaling $617.50

**I, *(print client name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Tina Clayton, Inc., Bay Area Clarity, to charge my card listed below/next page for number of sessions with the total one-time charge of $\_\_\_\_\_\_\_\_\_ effective immediately.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature Date**

**I, (*print client name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that if for any reason I no longer need or want services, for any reason, decided by myself (client) or Tina Clayton, LCSW/Bay Area Clarity, and have remaining pre-paid session(s), I will be refunded the total amount of un-used sessions with the**

**stipulation that all prior sessions would be charged at the normal session rate without the package discount ($100/session or $130/EMDR session) and refunded the total remaining pre-paid balance thereafter.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature Date**

**CREDIT CARD FOR *ONE*-TIME USE:**

(*please print client name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ] AMEX [ ] VISA [ ] MASTERCARD [ ] DISCOVER**

**CARD HOLDER’S FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BILLING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CREDIT CARD #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THREE-DIGIT SECURITY CODE # ON BACK OF CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

*Tina Clayton, Inc.; Bay Area Clarity* practicing under Gulf Coast Rehabilitation Services Inc. 