

**Lombino Counseling LLC  
1521 Concord Pike  
West Bldg, 3rd floor, Suite 301  
Wilmington, DE 19803  
(302) 273-0700 (Phone)  
(302) 273-0605 (Fax)  
info@richlombino.com  
www.richlombino.com**

**Credit/Debit Card Payment Consent**

Name on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Three digit security code on back of card: \_\_\_\_\_

Zip code: \_\_\_\_\_

I authorize Lombino Counseling LLC to charge my credit/debit card for professional services.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_