



**Get Your Head In The Game**  
*Dr. Charlie Brown*

## Coaching Invoice

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

Please debit my credit card in the amount of \$ \_\_\_\_\_ per month for the next \_\_\_\_\_ months or until this Coaching Agreement is terminated.

Authorization for credit card payment:

MC/VISA    Card Number: \_\_\_\_\_  
(circle one)

Name on Card: \_\_\_\_\_      Exp Date: \_\_\_\_\_

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

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

Please keep a copy of this invoice for your records

Charles H. Brown, Ph.D.