



MY DentalCMO
CREDIT CARD AUTHORIZATION ADDENDUM

THIS ADDENDUM AGREEMENT FOR CONSULTING SERVICES ("Agreement") is made and entered into as of ____ (day) ____ (month) in the year 20__ by and between ____ (Client Business Name, "Client") and Kristie Nation of myDentalCMO, ("Contractor").

WHEREAS, the Client agrees to provide his/her credit card information, as outlined below, and authorizes Contractor to retain this information on file, and charge it for invoiced amounts due the Contractor. This credit card authorization may be revoked at any time at the request of the Client . Contractor agrees to provide electronic notification of any transaction no less than 24 hours following any use.

Credit Card Number _____

Name on Card _____

CIV# _____ Expiration Date _____

Billing Address _____

City _____ State _____ Zip Code _____

Signature _____

THE CMO Academy - Q1 2024 \$2,950

- Session 1: January 19, 12 pm - 3 pm EST
• Session 2: Feb 2, 12 pm - 1:30 pm EST
• Session 3: Feb 16, 12 pm - 1:30 pm EST
• Session 4: March 1, 12 pm - 1:30 pm EST
• Session 5: March 22, 12 pm - 1:30 pm EST
• Session 6: March 29, 12 pm - 3 pm EST

** Please scan and return this form via e-mail to: mydentalcmo@gmail.com or call 614-655-1173 with your payment information **