



I watched the entire training on Payment Agreement, Collecting Client Payments including the information on the proper treatment of client credit card data. I also reviewed the update on the policy and procedure for the Billing of Clients & Payment Policies. I agree to comply with the policy and the information presented in the training.

Provider Name

Carli Gabrielle Allen

A handwritten signature in cursive script that reads "Carli Allen".

Teresa Lloyd, CEO

A handwritten signature in cursive script that reads "Teresa Lloyd".

Date

07/11/2022



---

---