

## Request for an Astrological Natal Reading

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

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

male  female

Mailing Address: \_\_\_\_\_

City

State

Zip Code

Country

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Cellular: \_\_\_\_\_

Fax number: \_\_\_\_\_ Home Fax  Office Fax  Cover Sheet Required

E-mail Address: \_\_\_\_\_

### BIRTH DATA

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Time: \_\_\_\_\_ am  pm   
hr. min. sec.

Place of Birth: \_\_\_\_\_

Birth Time Source: Birth Certificate  Hospital Records  Parents  Rectified by Chakrapani  Rectified by other   
Other: \_\_\_\_\_

### How did you hear about Chakrapani?

Referred by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other source: \_\_\_\_\_

### Payment Information:

**A Credit Card number is required to secure your appointment time.**

Credit Card Number: (Visa/MC) \_\_\_\_\_ Exp. \_\_\_\_\_

Name on the credit card: \_\_\_\_\_

### Payment will be made:

In Person

By Credit Card number provided above

I would like to send a check in advance

*(Check should be made payable to Chakrapani Ullal and mailed to the address below. Your check should reach our office three days prior to your appointment)*

### Reading will take place:

In Person

By Telephone

### Has anyone else in your household ever had a reading with Chakrapani?

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

**Reading will be Scheduled after receipt of this Form – You will be called or you may call the office to set it up.**

**Important: You may send questions in advance for Chakrapani to review. Please make sure your questions arrive in our office at least one day prior to your appointment.**

**Comments or Questions:**

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Please return this form by Fax: 323.962.9915, E-mail: [info@vedicastrology.com](mailto:info@vedicastrology.com) or by mail to the following address:

**P.O. Box 74427  
Los Angeles, CA 90004**

If you have any questions or concerns you may contact our office Monday through Friday 9:00am to 5:00pm (*Pacific Daylight Time*) at 323.962.9911.

**CANCELLATION POLICY**

If you must cancel or reschedule any consultation, you must do so at least **one business day** in advance of your appointment time. This provides our staff the opportunity to reschedule other clientele on our waiting list into your previously held time. Without adequate notification, we regret to charge your account in full. *This policy applies to all appointments including those that will be paid for by Gift Certificate.*

www.chakrapani.com