

One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize **Paradise Messages Waikiki** to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize **Paradise Messages Waikiki**
(Cardholder's Full Name)

charge my credit card account as indicated below:

Spa Services _____
Taxes (4.71%) _____
Gratuity _____

Total _____

Billing Information

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Credit Card Number _____

Expiration Date ____ / ____ CVV ____ Zip Code _____

I authorize **Paradise Massages Waikiki** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; as long as the transaction corresponds to the terms indicated in this form.

(Cardholder Signature)

Date

Person(s) receiving services:

- 1) _____
- 2) _____
- 3) _____
- 4) _____