

AESTHETIC EXCELLENCE

STUDY CLUB



CREDIT CARD AUTHORIZATION FORM

** I AUTHORIZE AESTHETIC EXCELLENCE STUDY CLUB TO CHARGE MY CREDIT CARD FOR THE AMOUNT BELOW**

DATE: _____

CHARGE AMOUNT: \$495.00 USD – ANNUAL MEMBERSHIP

CARD HOLDER NAME (PRINT): _____

PHONE NUMBER: ()

CARD HOLDER BILLING ADDRESS: _____

_____ ZIP CODE: _____

CREDIT CARD TYPE (CHECK ONE):

- AMERICAN EXPRESS
- VISA
- MASTER CARD
- DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE (MM/YY): _____ / _____

CVV NUMBER (3 OR 4 DIGITS): _____

CARD HOLDER SIGNATURE: _____

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