



CREDIT CARD AUTHORIZATION / GUARANTEE FORM

This form is used to authorize Smooth Epilator to reserve an appointment via credit card deposit charge. You will receive a statement/invoice/receipt for your records with this option at time of execution in person. Please print this form, complete it, and return it to us via e-mail to AnaMaria@SmoothEpilator.com or text message to 786-370-2044

Name on card:

Address:

City:

State:

ZIP:

Phone:

email:

Credit Card Information

Card Type (circle): MASTERCARD

VISA

DISCOVER

AMEX

CVV2 Code (usually located on back of card):

Card Number:

Exp. Date:

Name on card:

Credit Card billing address (where statements are received):

Address:

City:

State:

ZIP:

Authorized amount: \$50 (fifty dollars)

Authorization: I authorize Smooth Epilator, to charge my card for all dues regarding appointment deposits I have subscribed to. I agree to pay the above credit card charges in accordance with the Card Issuer Agreement.

Cardholder Signature

Date

Print Name