



Credit Card Authorization Form

Please complete all fields. You may choose to cancel this authorization at any time by contacting us in writing. This authorization will remain in effect until cancelled. However, if we have deemed it necessary to keep a card on file & you remove the active card on file you must replace it with another active card, otherwise your client account will be placed on hold

<u>Credit Card Information</u>	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
CVV / CVC: _____	Expiration Date (MM/YY): _____ / _____
Cardholder Address: _____	
Cardholder City: _____	Cardholder State: _____
Cardholder ZIP Code (from credit card billing address): _____	
Cardholder Phone #: (_____) _____ - _____	
Cardholder Email: _____ @ _____ . _____	

I, _____ (full name), authorize **About Skin Spa** to securely store my credit card above for future charges based on the agreed upon & signed "*Rescheduling & Cancellation Policy*". I understand that my information will be saved in my client file for future transactions on my account. I also understand that I will be notified if & when a transaction will occur using my card. By signing below, I fully understand & agree to these terms & conditions.

Client: _____ **Date** _____ / _____ / _____

