



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Please attach a copy of the CC and a government issued identification.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVV # _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize _____ to hold my credit card above to guarantee an appointment with Marbella MedSpa. I understand that my information will be saved on file until I request for it to be deleted. My credit card will not be charged unless I do not cancel my appointment 72hrs in advance. A payment of \$50.00 will be charged for a missed appointment.

I understand that Naillywood, Inc. is not an affiliate with Marbella MedSpa and will hereby be released and held harmless along with, it's staff and their affiliates, members, employees and participants from and against any and all claims, damages or liabilities that may result from cosmetic procedure(s) performed on the day of the event. I acknowledge that no claims or guarantees have been made by Naillywood, Inc. unless expressly written in agreement.

Customer Signature

Date