



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.

Credit Card Information				
Card Type:	Mastercard	Visa	Discover	AMEX
Other:	_____			
Cardholder Name (as shown on card):				
Card Number				
Expiration Date (mm/yy): _____ CVC: _____				
Cardholder Zip Code (from billing address): _____				

I, _____, authorize _____ to charge my credit card for services rendered. Cancellations made less than 24 hours in advance or no shows will be charged the full amount of the scheduled service.

Signature: _____

Date: _____