

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS
AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name _____
Billing Address _____
Street _____

City _____ State _____ Zip _____

Credit Card Type Visa Mastercard

Credit Card Number _____
Expiration Date _____

Card Identification Number _____
(last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize Salon Professionals, Inc., to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for services rendered in the salon in accordance with the issuing bank cardholder agreement.

Check here to keep this card on file for all future service rendered: ___

Cardholder – Print Name, Sign and Date Below.

Signed: _____

Dated: _____

Name: _____

Email: _____

Phone: _____

ONCE SIGNED RETURN THE COMPLETED FORM TO:
Salon Professionals, Inc.
P. O. Box 832, Naples, FL 34106

Phone: (321) 662-5472

info@SalonSpaPros.com