

HOHSpa Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION

All information will remain confidential

Name on Card: _____

Billing Address: _____

_____ STATE _____ ZIP CODE _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

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

Amount to Charge: **\$69.00 (USD) per month on the _____ of each month**

I authorize **HANDS OF HEALING WELLNESS STUDIO** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement for monthly massage membership.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

