

ICI PARIS

Skin Care Clinic & Spa

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD HOLDER INFORMATION

Billing

Name: _____

Billing Address: _____ Suite / Apt #: _____

City: _____ Province: _____ Postal Code/Zip: _____

Phone Number: _____ Email Address: _____

CREDIT CARD INFORMATION

Card Type: Visa _____ Mastercard _____ Amex _____

Card Number: _____ Expiry Date: _____

Card Identification Number (CVV): _____

AMOUNT TO CHARGE: \$ _____ (Cdn funds)

I, _____, authorize Ici Paris Skin Clinic & Spa, to charge the amount listed above to the credit card provided herein for services rendered or product. I agree not to contest this charge upon approval of my credit card.

Print Name as it Appears on Credit Card

Signature of Card holder

Date: _____