



CREDIT CARD AUTHORIZATION & PAYMENT FORM

CARDHOLDER'S NAME: _____

CARDHOLDER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Account Name For Image Order: _____

Description of Product or Services Purchased and for whom it's purchased for: _____

Total Cost of Product or Services: _____

Card Type: (check one) VISA MC AMEX DISCOVER

CREDIT CARD # & Exp: _____

If the credit card is a VISA or MASTERCARD, write the **LAST three (3)** printed digits located on the signature panel on the back of the credit card adjacent to the printed credit card number: _____

If the credit card is an AMERICAN EXPRESS, write the **four (4)** printed digits located on the front of the card above the last four (4) embossed digits: _____

NAME (as it appears on the credit card): _____

Billing Address (of credit card): _____

City: _____ STATE: _____ ZIP: _____

I, _____ am the authorized signer on the above credit card account. I agree to pay the total amount indicated for the product or services listed above. I legally authorize **AESTHETICS PLUS** to debit the above credit card number for the above amount. I am fully responsible for the authorization of this charge and the amount due. I agree to waive my rights to the Retrieval Request/Chargeback Process with my credit card company.

Cardholder's Signature: _____ Date: _____