

DOLCE VITA DAY SPA

16 E Burlington Ave

La Grange, IL 60525

Ph# 708-352-1705

www.dolcevitaorganicdayspa.com

CREDIT CARD AUTHORIZATION FORM

*PLEASE PRINT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN TO
US.*

All information will remain confidential.

Cardholder name: _____

Billing address: _____

E-mail address: _____

Phone number: _____

Credit Card Type: Visa Mastercard Discover AmEx

Credit Card Number: _____

Expiration Date: ____ / ____

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

Amount to be Charged monthly: \$_____ (USD)

I authorize Dolce Vita Day Spa to charge the agreed amount listed above on the 20th day of every month to my credit card provided herein. I agree I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder signature: _____

Printed name: _____

Date: _____