

DOLCE VITA DAY SPA

220 N Cass Ave

Westmont, IL 60559

Ph# 708-352-1705

[www.dolcevitaorganicdayspa.com](http://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: Street \_\_\_\_\_

City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Credit Card Type:  Visa  Mastercard  Discover  AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Card Identification Number (last 3 or 4 digits located on the back of your credit card): \_\_\_\_\_

Amount to be charged monthly on the 20<sup>th</sup> of each month: \$\_\_\_\_\_ (USD)

Less than 24 hours cancellations and no-shows will be charged the full price of the service.

30 day written cancellation notice required.

I authorize Dolce Vita Day Spa to charge the agreed amount listed above monthly 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: \_\_\_\_\_