



AUTHORIZATION TO CHARGE A CREDIT CARD

Please Print Clearly.

DATE: _____ CARDHOLDER'S NAME: _____

CARD NUMBER: _____ EXP: _____ CVC #: _____

VISA MASTERCARD AMEX

ACCOUNT TYPE: Individual (personal credit card)

Corporate / Company Name _____

CARD HOLDER'S MAILING ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL/ZIP CODE: _____

CARD HOLDER'S TELEPHONE NUMBER: _____ FAX: _____

CARD HOLDER'S EMAIL ADDRESS: _____

I certify that all information is complete and accurate. I hereby authorize The Parkside Spa to collect payment for all charges as indicated in the 'Charges to be applied' section of this form by processing a charge to the credit card listed above.

CARD HOLDER'S SIGNATURE: _____

Charges to be applied:

(Select all that apply and indicate dollar amount where necessary)

NAME OF TREATMENT(S): _____ VALUE: \$ _____

THERAPIST GRATUITY: \$ _____

RETAIL PRODUCTS: \$ _____ GIFT CERTIFICATE AMOUNT: \$ _____

Charges must not exceed \$ _____ for the entire payment. I certify that I am the authorized signer of the credit card listed above.

Note that the amount is in Canadian Dollars.

Name of Gift Certificate Recipient: _____

Phone Number: _____ Email Address: _____

Additional Instructions:

