

## Credit Card Authorization Form

All Red Fields are Required

This form authorizes Massage Prescott, LLC to process the Credit Card listed below by the authorized user.

### Credit Cardholder Information

Name on Credit Card: _____					
Type of Credit Card:	Visa	MC	AMEX	Discover	Other
Card Number: _____					
Expiration Date: _____			CVV2: _____		
Billing Address: _____					
City: _____		State: _____		Zip Code: _____	
Phone: _____					
Email Address: _____					

### Authorized User of Credit Card

Name: _____		
Company: _____		
Phone Number: _____		
Email Address: _____		
Drivers License Number: _____		
Relation to Card Owner: _____		
Types of Charges: (Check all that apply)	Cancellation Fees	Purchase of Services
	Product Purchases	Gift Card Purchases
Authorized Amount Limit: (Leave Blank for no Limit) _____		
Date Range of Charges: (Leave blank if card can be used multiple occurrences)		to

### **AUTHORIZATION OF CARD USE**

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all the information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "Authorized Amount Limit" field. I understand that this authorization is only effective between the "Date Range of Charges" listed above. If additional charges are going to be authorized outside of the range of dates provided, a new authorization form will have to be completed and submitted.

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

**Ensure all fields are completed before signing**