

www.spa-mall.com

Credit Card Authorization Form

Name _____

Business Name _____

Credit card Billing

Address: _____

City, State Zip _____

Credit Card Type; Visa _____ Master Card _____ Discover _____

Name That Appears on Card _____

Credit Card Number; _____ - _____ - _____

Expiration Date _____ CVC (3 or 4 Digit code) _____

Amount to be charged: \$ _____

I here by authorize www.spa-mall.com to charge the credit card & amount listed above. This signature should represent my authorization for the purchase of Spa Mall's Salon Furniture, Salon Equipment, Shipping Fee, Design Fee or Consultation Services.

Signature

_____ Date _____

Please return by Fax: 1-281-249-5477

Or Email to: info@spa-mall.com

5800 Corporate #B2 Houston TX 77036

Phone: 1-281-530-8088