



### Credit Card On File Authorization

I hereby authorize Wicked Skin Med Spa / Allure Laser Institute to process my Visa, MasterCard, Discover, or AMEX within 24 to 48 hours after services are rendered. I understand that my information will be securely stored for future transactions on my account.

#### Client Information:

First name: \_\_\_\_\_ Middle initial (if applicable): \_\_\_\_\_

Last name: \_\_\_\_\_

Suffix (if applicable): \_\_\_\_\_ (Jr., Sr., III, etc.)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

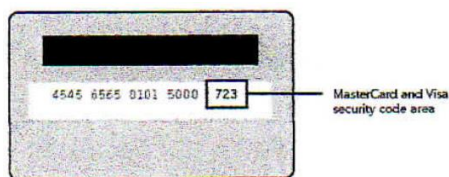
**Payment:** A valid and current card bearing a Visa, MasterCard, American Express, or Discover logo is required for payment. A credit card, debit card, or pre—paid cards are accepted.

Type of Card:  Visa  MasterCard  American Express  Discover

Credit Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Security Code: \_\_\_\_\_  
(Diagram below)



I, the undersigned, understand that it is my responsibility to review my invoice for accuracy prior to the charge date and that this authority will remain in effect until cancelled by either party with 30 days written notice. A \$35 return charge fee will be due for non—payment of card. A \$25 fee will be due for late cancellations and missed appointments.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CHARGEBACKS:** Clients agree not to claim any chargebacks or credits from their credit/debit card issuer for any fees charged to their credit/debit card(s), including but not limited to advance payment or deposits, fees for services rendered, late fees, or no—show/cancellation fees.