

COMPLEXIONS CUSTOMER CREDIT CARD AUTHORIZATION FORM

This information is confidential. This form will only be kept by Complexions Booking Department.
Please complete and fax to 518-489-5047 or email to frontdesk@complexions.com

EVENT DATE: _____
GROUP MAIN CONTACT NAME: _____
PHONE #: _____ ALT PHONE #: _____
EMAIL ADDRESS: _____

NAME AS IT APPEARS ON CREDIT CARD: _____
CARD TYPE (Choose one): Visa Mastercard American Express Discover
CREDIT CARD NUMBER: _____
EXPIRATION DATE: _____
FOUR DIGIT CID AMERICAN EXPRESS: _____
THREE DIGIT CVV2 CODE OTHERS: _____

I HEREBY AUTHORIZE THE FOLLOWING AMOUNT TO BE APPLIED TO THE CREDIT CARD:

CHECK ONE OR ALL THAT APPLY:

- PRE-PAYMENT FOR SERVICES
- GROUP DEPOSIT
- GIFT CARD PHONE ORDER
- NO SHOW PRE-PAYMENT

*I understand that no showing for this appointment will result in forfeiture of this pre-paid amount.

AUTHORIZATION SIGNATURE: X _____ DATE: _____

FOR OFFICE USE:

Order Processed by: _____
Date Processed in Computer: _____
Time through CC terminal (verified): _____ AM PM
COMMENTS: _____

