

AGELESS

MED SPA

414 W. Grand Parkway S. Ste 115
Katy, Texas 77494
281-392-3700

www.agelessmedspakaty.com

CREDIT CARD AUTHORIZATION FORM

I hereby authorize the Ageless Med Spa to charge my credit card a fee. All deposits will be applied towards services. Please call 24 hours in advance for rescheduling or cancellations for spa services and 48 hours prior for doctor visits to avoid any cancellation fees.

Date: _____

Product/Service/Appointment Date & Time

Card Number _____

CVV: _____

Expiration Date

Cardholder name

Cardholder billing Zip Code _____

I authorize Ageless Med Spa to charge

\$_____ USD to the credit card listed above

Cardholder signature:

Patient Email: _____

Patient Fax #: _____

Employee

Signature _____

ALL DEPOSITS WILL BE APPLIED TOWARDS ALL AESTHETIC SERVICES OR DOCTOR APPOINTMENTS.

