



CREDIT/DEBIT CARD CHARGE

You authorize charges to your credit/debit card by Premier Appointments™. You will be charged the agreed-upon amount below. A receipt for payment will be provided to you and the charge will appear on your credit/debit card statement.

I, _____, do authorize Premier Appointments™ to charge my Credit/Debit Card.

GOODS / SERVICE RENDERED: _____

BILLING DETAILS:

Billing Address: _____ Phone: _____

City, State & Zip: _____

Email: _____

CREDIT / DEBIT CARD INFORMATION:

Card Type:

Card Number:

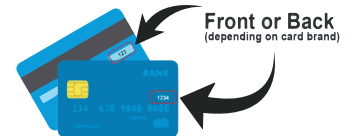


Card number input boxes

Where is the CVV located?

Card Holder Name: _____

Expiration Date: ____ / ____ CVV: _____



AUTHORIZED SIGNATURE

DATE