

## CREDIT CARD ON FILE AUTHORIZATION

I understand that I am financially responsible for the purpose(s) stated on this policy and authorize Head to Toe Med Spa to run my credit card for all purpose(s) stated on this policy.

Card#: \_\_\_\_\_

Type: Visa Mastercard Amex Discover Other: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_