

85 East Big Beaver, Troy, MI 48083

## Payment Authorization Form

Sign and complete this form to authorize Spa Renaissance & Renaissance Plastic Surgery to make a one-time transaction to your credit or debit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your bank account. Please complete the information below.

(print full name)			
account indicated below for \$	(amount) on or a	fter(date)	This payment is for
	(description	of products or services	s)
Billing Address:		Billi	ing Phone #:
City, State, Zip:			Email:
Account Type:	/isa MasterCard	AMEX	Discover Cash
Cardholder Name:			
Account Number:			
Expiration Date:		CVV:	
SIGNATURE			DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the products or services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

I also understand that I am subject to a service fee that will be charged to the above account for late cancellations or no-show appointments, when services have been scheduled and confirmed. Late cancellations or no-shows are defined as 1-week prior to surgical or non-surgical procedures with Renaissance Plastic Surgery resulting in a 25% non-refundable charge. Late cancellations or no-shows are defined as 72 hours prior to the first appointment time with Spa Renaissance resulting in a 100% non-refundable charge.