



THE SPIEGEL CENTER  
ADVANCED FACIAL AESTHETICS

**CREDIT CARD AUTHORIZATION FORM**

CREDIT CARDHOLDER INFORMATION				
NAME ON CREDIT CARD				
TYPE OF CREDIT CARD	VISA	MC	AMEX	
CARD NUMBER				
EXPIRATION DATE		SECURITY CODE		

BILLING ADDRESS				
CITY		STATE		ZIP CODE
PHONE		EMAIL		

AUTHORIZED USER OF CREDIT CARD OTHER THAN CARDHOLDER	
NAME	
PHONE NUMBER	
EMAIL ADDRESS	
DRIVERS' LICENSE NUMBER	
RELATION TO CARD HOLDER	

***CARDHOLDER, PLEASE INITIAL NEXT TO EACH STATEMENT***

	I certify that I am the authorized holder and signer of the credit card reference above. I certify that all information above is complete and accurate.
	I authorize JEFFREY SPIEGEL, MD and THE SPIEGEL CENTER to keep my signature on file and to charge the following credit card account for the noted amount(s) associated with services rendered to me.
	Effective 5/1/09, the Federal Trade Commission's "Red Flag" rule requires photo identification for <b>all</b> credit card transactions including those via email or telephone. Please include a copy of the cardholder's valid photo identification and a copy of the credit card used for payment with this form in order to process your account.

*\*Payment cannot be accepted without proper identification.*

**Please note that all deposits are non-refundable.**

AUTHORIZED AMOUNT	US \$		
SIGNATURE OF CARDHOLDER		DATE	