

# Credit Card Authorization

---

Wilshire Aesthetics

## Credit Card Information *( note: credit cards only. No debit cards. )*

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ V Code \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Street

City

State

Zip

## Our Commitment to You

- We keep your credit card Information **locked** safely away.
- Your information is always kept **confidential** and **private**.
- We **do not share** your credit card information with anyone.
- We only charge your credit card for services provided you or to those you designate below
- You will **always** receive a **receipt** when we charge your credit card.

## Authorization

I authorize Wilshire Aesthetics to charge my credit card for services provided to me and the following patients:

Patient 1 \_\_\_\_\_

Patient 2 \_\_\_\_\_

Patient 3 \_\_\_\_\_

\_\_\_\_\_  
Name - printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date