

308 N. Oxford Avenue, Los Angeles, CA 90004 Main:323-734-7000 Fax: 323-498-0496

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name:				
Driver's License Num	ıber:			
State Issued & Expira	tion Date	:		
Phone Number:				
Credit Card Type:	VISA	MASTERCARD	AMEX	DISCOVER
Credit Card Number:				
Security Verification	Code:			
Expiration date:				
Billing Zip Code:				
AMOUNT TO BE CH	<u>HARGED</u>):		
GIFT CERTIFICATE	RECIPI	<u>ENT (first & last nam</u>	<u>ne):</u>	
Any personalized mes	sage you	would like to leave?		
Purchaser's Name (pr	ınt):			
Signature:				
Date:				
Email receipt to?				
Email gift certificate t	o?			

MUST INCLUDE PHOTO OF DRIVER LICENSE AND CREDIT CARD WITH MATCHING NAME. Please fill out completely and fax it to us at 323-498-0496 or via email to BeverlyHotSprings@gmail.com

Thank you for choosing Beverly Hot Springs, we appreciate your business.