



Casper Massage Monthly Massage Club

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX

Other _____

Cardholder Name (as shown on card): _____

Card Number: _____ 3 Digit CVC Code _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

By signing this form I acknowledge that I am joining the monthly massage club program in order to receive monthly massage therapy appointments for a discounted rate. I agree to abide by all policies of Casper Massage including the cancellation policy that states if I do not cancel 24 hrs. in advance of my appointment that all fees are kept for that appointment. For more info about Casper Massage's policies please review at www.caspermassage.org.

I, _____, authorize Casper Massage to charge my credit card above monthly for the following agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I understand that I am responsible for scheduling the monthly appointment I am being charged for, by using online scheduler at above website or by calling **307-251-4431**.

Please check the following monthly options to be charged:

- One 60 Minute Massage charged \$80 on 1st of every month
- One 60 Minute Massage charged \$80 on 15th of every month

- One 90 Minute Massage charged \$120 on 1st of every month
- One 90 Minute Massage charged \$120 on 15th of every month

Customer Signature Date