



## Credit Card Authorization Form

Please print out, complete this authorization and return it to us.  
All information will remain confidential.

Cardholder Name: \_\_\_\_\_

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

\_\_\_\_\_

Zip Code or Country Code (for international): \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number/CVV/Security Code: \_\_\_\_\_

Amount to charge: \$ \_\_\_\_\_ (USD)

I authorize Gilded Hands or their referring party to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement and I understand all appointments have a NON-NEGOTIABLE 4 HOUR FULL FEE CANCELLATION POLICY.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Once signed, return the completed form to the front desk/concierge and email to Gilded Hands

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