



## Muse Beauty Studio Inc

1044 South Street Orland, CA 95963 | (530) 936-5120 | musestudioorland@gmail.com

Website: www.musestudioorland.com | FB & IG: @musestudioorland

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us by phone.

This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Last 4 digits of Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, \_\_\_\_\_, authorize Muse Beauty Studio Inc. to charge my credit card above for the agreed upon Muse or Muse Plus Membership monthly fee.

I further understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date