

For your convenience, you may pay by credit card.

Please fill out the form below and email to office@BeautyByDrCat.com, or fax it to (310) 858-8818.

We will not keep your credit card on file unless otherwise noted by you.

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa MC Discover AmEx

Credit Card Number: _____

Expiration Date: _____ Card Verification Code: _____

Amount to be charged: \$350.00 (USD)

I authorize Dr. Catherine Begovic 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.

Cardholder - Print Name, Sign and Date below:

Printed Name: _____

Signed: _____

Dated: _____