



**Credit Card Payment
Authorization Form**

The undersigned hereby authorizes Spa Index Media to charge amounts owed for services rendered in re marketing on SpalIndex.com: Guide to Spas and/or any of its network of web sites for the following identified property:

Spa Facility Name: _____
 Location: _____
 Invoice Number: _____
 Invoice Date: _____ Invoice Amount: \$ _____

- [] This authorization is for a single transaction invoice
- [] This authorization is for a transaction recurring on a monthly basis
- [] This authorization is for a transaction recurring on a quarterly basis
- [] This authorization is for a transaction recurring on a yearly basis

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	No credit cards issued outside of the United States are accepted.
Cardholder Name:					
Account Number:					
Expiration Date:					
CVV2	MC/Visa 3 digits:		AMEX 4 digits:		
Billing Street Address					
Billing City and State					Account Zip Code:
Telephone	Main:		Fax:		

I authorize Spa Index Media to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and this authorization will remain on file if authorized on a recurring basis, as shown above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I further acknowledge this is not a "card present transaction" and is an Internet Order or Telephone Authorization Following Internet Order.

Signature of Cardholder or Authorized Signatory: _____ Signature
 _____ Date

Mail or FAX the completed form to Spa Index Media

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www.SpalIndex.com Billing Inquiries: billing@spaindex.com