



**Credit Card Payment
Authorization Form**

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

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

Special requests, notes or instructions to SpaIndex:

Listings on SpaIndex.com are invoiced on a recurring basis subject to monthly, quarterly, or annual payment plans. This Credit Card Authorization will be kept on file for use with future listing fees subject to invoices sent in advance of a payment due date. Until a listing package is cancelled in response to an invoice received or other means, the listing package will continue until cancelled by the owner operator or Spa Index.

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	Note: Some credit cards issued outside of the United States may not be approved by our financial institution.
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 services described above, for the amount indicated above, and this authorization will remain on file for future transactions subject to invoices or installment agreements. 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 will be coded as an Internet Order or Telephone / Email Order, depending on the method of delivery of this form.

Signature of Cardholder or Authorized Signatory: _____

Signature
Date

FAX the completed form to

Spa Index Media, 1511 M Sycamore, Suite 104, Hercules, CA 94547
 414-433-5836 - Fax 415-498-0772 - Voice