

Credit Card Authorization

Type of Card: _____ Card Number: _____ - _____ - _____ - _____

Exp. Date: ____/____/____ CCV Code (3 or 4 digits on back of card): _____

Cardholder Name: _____

Billing Address: _____

I hereby authorize Ottawa Plastic Surgery to charge my credit card according to the terms of this membership agreement. The current monthly Skin Club membership fee of \$149.00 CAD will be charged to my credit card on the 1st day of each month.

Signature: _____ Date: _____