

CREDIT CARD RESERVATION FORM

Date of issue:...../...../.....

Credit Cardholder's Name: _____

SPA Guest Name: _____

Type of Credit Card: VISA MASTER AMEX

Credit Card No.:

Credit Card Security No.:

(Last three numbers on the back of the card; if AMEX four numbers on the front of the card)

Credit Card Expiration Date:

Type of SPA Treatment / Session: _____

SPA Treatment / Session Reservation Date and Time: _____

Price of the Treatment / Session: _____

Credit Cardholder's E-mail Address: _____ @ _____

Credit Cardholder's Tel. No.: _____

Sending this Form I do agree with the general conditions of booking.

CREDIT CARDHOLDER'S SIGNATURE: _____

Payment Conditions: Cancellation must be made no less than 6 hours prior to your appointment or a 100% treatment/session cost will be charge to your credit card.

CAUDALÍE Vinothérapie® SPA at Les Ottomans requires a standing record of your credit card information. Authorizing us to hold your personal information guarantees your complete privacy and the SPA reservation.