

**Please complete this form and place
it in the special care bag,
and we'll take care of the rest.**

Credit Card Authorization

Card Type (circle): Visa or Mastercard or Discover Card

Card #: _____ **Exp. Date:** _____

Signature: _____

I authorize Perfectly Pressed to charge my credit card account for services provided.

If you prefer to give us the credit card number over the phone, please sign the authorization above and we'll gladly give you a call.

