



THE SPACE

YOGA STUDIO

Allow up to 72 hours to process

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Cell phone _____

EMAIL _____

Credit Card Number: _____

Expiration Date: _____

CVC: _____

Amount to be charged: \$ _____

I authorize The Space Yoga Studio to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

By signing this you agree to circle one: Studio Intro Offer Policies or Private Party Policies.

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following: thespacevisalia@gmail.com or thespacecrewvisalia@gmail.com