Spa Member Address/Credit Card Change Request

Spa Member Name: _____

Contact Phone Number: _____ **Date:** _____

NEW ADDRESS INFORMATION:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

NEW CREDIT CARD INFORMATION:

Cardholder's Name (if different from member): _____

Credit Card Number _____ Exp Date: _____ CVV Code _____ Billing Zip Code: _____

Credit Card Authorized Signature: _____ Date: _____

Spa Member Signature: _____

(MDS Use) Processed By & Date: _____