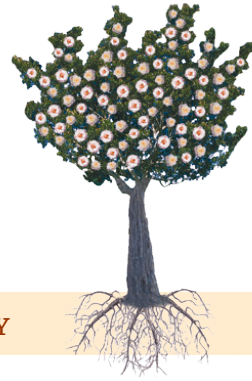


Fábula

Skincare & Wellness



TRUTH | DEVELOPMENT | BEAUTY

Credit Card Authorization Form

Your completion of the credit card authorization form helps us to protect you, our valued client from credit card fraud. All information entered on this form is kept strictly confidential.

I authorize Fabula, Inc (Fabula Skincare & Wellness) to charge my credit card for payment toward purchasing services, products, applicable fees & taxes, shipping and handling fees.

I authorize Fabula, Inc (Fabula Skincare & Wellness) to charge my credit card for payment toward the full cost of my scheduled reservation in the event the appointment is not cancelled within 24- hours of the appointment start time.

Reservation Cancellation Policy: We require 24-hours notice of cancellation or schedule change. Cancellations will be charged the full cost of your treatment. First time clients will be charged a minimum of \$150 and will be applied to the credit card number provided below.

I have read and understood the Cancellation Policy and agree to be bound by Fabula, Inc policies, terms and conditions, and instructions for this transaction. I understand that a payment invoice will be generated after all details are complete and will be emailed to me.

I understand and assume responsibility for contacting Fabula Inc. (Fabula Skincare & Wellness) via email or written form to terminate this authorization.

CREDIT CARD NO.

BILLING ADDRESS

EXPIRATION DATE

.....

CARD SECURITY CODE (CSC)

CITY, STATE & ZIP

Please Note: AMEX card users will incur a \$10.00 surcharge.

SIGNATURE

DATE