



ATELIER ESTHETIQUE

INSTITUTE OF ESTHETICS®
EST. 1985

226 West 26th Street, 7th Floor New York, NY 10001
Phone: 212-725-6130 800-626-1242 Fax: 212-634-6268

Credit Card Authorization

This letter, prepared by Atelier Esthetique Institute of Esthetics, will serve as authorization to use the credit card indicated below to make payments for _____ for _____ as follows:

Student Name

Class Name

Class Start Date: _____ Total Amount to be charged: _____

On These Dates:

Amount:

Credit Card #: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: _____

Address: _____

Email: _____

Phone # : _____

Signature: _____

My signature indicates my agreement and acceptance of the charges indicated above.