



POSTAL ADDRESS: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

### **CREDIT CARD INFORMATION**

Credit Card Type:

MasterCard    Visa    Other, please state

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Month: \_\_\_\_\_ Exp Year: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

CCV: \_\_\_\_\_

### **PURCHASE INFORMATION**

I authorize a one-time charge by Studio You against my credit card for the total amount of \$

I do not authorize my credit card to be kept on file for future purchases

I understand it is up to me to disclose if any pharmaceutical or natural medications have changed since my last appointment, and not the responsibility of Studio You.

*Thank you for your order.  
Please email to: [orders@studio-you.com.au](mailto:orders@studio-you.com.au)*