



Email Address

First and Last Name

Billing Address

City, State and Zip Code

Credit Card Number

Expiration Date

Security Code

Gratuity

10%	<input type="text"/>	15%	<input type="text"/>	20%	<input type="text"/>	25%	<input type="text"/>
-----	----------------------	-----	----------------------	-----	----------------------	-----	----------------------

I hereby authorize Tiara Salon, to charge this credit card for the future services.

Signature