

Your Esthetic Partner

I hereby authorize YOUR ESTHETIC PARTNER, INC./PEVONIA to keep my credit card information on file. YOUR ESTHETIC PARTNER, INC./PEVONIA has my written permission to use this information when I authorize this card to be used toward an order.

SALON NAME: _____

PHONE NUMBER: () _____

CARD HOLDER NAME: *(Please Print)* _____

CARD NUMBER: _____

CARD BILLING ADDRESS: _____

3 DIGIT NUMBER ON BACK _____

EXPIRATION DATE: _____

**PERSON (S) AUTHORIZED
TO APPROVE CREDIT
CARD USE:** _____

DATE: _____

SIGNED: _____

(We accept Master Card, Visa, Discover Card and American Express)

*Please fax back to:
Your Esthetic Partner, Inc.
651.779.0878*

*or mail to:
1781 Buerkle Circle #A White Bear Lake, MN. 55110
email: jmacmillan@yepmn.com*