



A Four Seasons
Sales & Service Company

2505 East Wood Street
P. O. Box 1308
Paris, TN 38242
LOCAL: 731.642.0234
TOLL FREE: 866.772.9818
FAX: 731.644.7992
www.fs-spa.com

CREDIT CARD AUTHORIZATION FORM

To:
FS Spa
2505 East Wood Street
Paris, Tennessee 38242

I/We the undersigned, authorize FS Spa to initiate a charge to the below described credit card 30 days from the date of invoice. I/We understand that the amount charged will be the balance due for products purchased on the above referenced invoice. I/We hereby agree to pay all charges without dispute.

Please print clearly to help insure accurate account information

CREDIT CARD NUMBER: _____

EXPIRATION DATE: MONTH _____ YEAR _____

NAME OF PRIMARY CARDHOLDER: _____

CREDIT CARD BILLING ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE OF CARDHOLDER: _____

FS Spa Office use only

Manager _____

Released By _____

Sales Rep. _____

Date _____