



Gift Certificate Purchase Form

205 West 14th Street Near 7th Ave New York, NY, 10011
TEL: 212-675-5145 FAX: 212-675-5149

Purchaser's Name: _____
Telephone Number: _____
Fax: _____
Credit Card Information:

Visa Card Master Card American Express

Card Holder's Name: _____
Credit Card Number: _____
Expiration Date: _____
Billing Address: _____

How Many Gift Certificates: _____
How Many Hours of Massage: _____
Would you like to add gratuity? \$ _____ New Total: \$ _____

Signature: X _____ Date: _____

To Print on Certificate To: _____
From: _____

Please let us know the address you want us send to

Mail to: Name: _____
Address: _____

Thank you for your purchase. We appreciate your business.
Please also note: NO REFUND NO REPLACEMENT.

Front Desk To Complete:				
Prepay Appointment	Date _____	Time _____	Name _____	
GC# _____	Mailed _	Faxed _	Held _	Initial _____
				Date: _____