



Fax 703-288-1709 or email [reception@elaserclinic.com](mailto:reception@elaserclinic.com)

## Esthetic Laser Clinic Gift Certificate Order Form

Please PRINT clearly so we can process the order.

Date: \_\_\_\_\_

Name of Purchaser: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Amount Purchased:\$ \_\_\_\_\_

Name of Person it is being **Purchased for** (not required if customer does not know):

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Is the Certificate being picked up in person or Mailed? IF so mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment Method:

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card: \_\_\_\_\_

CC Type: VISA MC AMX Discover other \_\_\_\_\_

CC Number) : \_\_\_\_\_ Exp Date: \_\_\_\_\_ Code: \_\_\_\_\_

Amount : \_\$ \_\_\_\_\_

I authorize Esthetic Laser Clinic to charge the amount of \$ \_\_\_\_\_ to my credit card above for the purchase of GIFT Certificate for Spa Services. I acknowledge this purchase and am finalizing the order by phone or fax.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Notes by Staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_