



Le Nu Spa Membership Change Form

Billing Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____ Send me a monthly newsletter!

CC Number: _____

Card Type: Visa MasterCard Discover American Express

Expiration: _____

CVV: _____

I authorize Le Nu Spa to charge the provided credit card on the first of each month.

signature

date

Employee Name: _____