



AEGLE HEALTH SUBSCRIPTION APPLICATION FORM

Date: _____

Last Name	First Name	Middle Name
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Home Address: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Subscription package availed:

Premium
(Php 250,000)

Standard Plus
(Php 175,000)

Standard
(Php 125,000)

CREDIT CARD AUTHORIZATION FORM

Please type or write down legibly the required information in CAPITAL LETTERS. Kindly email completed form ON OR BEFORE the set OPTION DATE FOR PAYMENT to email: info@aeglewellnesscenter.com to finalize your booking.

For your protection, a copy of the front and backside of your credit card, and a valid identification ID with picture (such as driver's license, social security card) are required by the authorizing bank for the completion of the transaction. Kindly note that payment for booking will not be processed if incomplete details and these required documents are not submitted together with this form.



Name of bank / card company (i.e. Citibank)

Name of Cardholder (as it appears on the card)

Type of Credit Card:

Visa / MasterCard / JCB / AMEX / Diners (kindly encircle)

Expiry Date (mo/yr): _____

Amount to be charged: _____

Tel. No. _____

Birth date ((mo/date/yr): _____

Complete Billing

Address _____

Name of Company _____

Business Address _____

Telephone No.: _____

Fax No.: _____

Signature over Printed Name