



Corporate America's Massage Company

The Corporate Body Payment Coupon

Name: _____

Company Name: _____

Phone: _____ Extension: _____

Appointment Time: _____

Appointment Date: _____

Duration (10 minute increments): _____

Amount Due: _____

Form Of Payment (circle): cash check credit card

Name on Credit Card _____

Type of Credit Card MC VISA AX DINERS

Credit card number _____

Expiration Date _____

Signature _____

Received by (Your contact Person): _____

Contacts signature _____

Please provide this coupon to your Therapist just prior to treatment.
Thank you and enjoy your massage!