Neuro & Swedish Delight
Therapeutic Massage Therapy

ORDER FORM

Company

Contact Name

Billing Address

City

State

Zip Code

Country

Phone Number

Fax Number

Email Address

Event Name

Booth or Room Number

Hall

On-Site Contact Name(s)

On-Site Contact Mobile Number(s)

Type of Massages

☐ **Chair Massages** ☐ **Mini12Hand Massages** ☐ **Foot Massages (Reflexology)** ☐ **Sports Table Massage**

Day/Date	Start/End Time	Number of Hours

Number of Massage Therapists

Number of Females

Number of Males

Requests/Comments:

Total Number Hours	Average Hourly Rate	Estimated Subtotal

CREDIT CARD AUTHORIZATION

Names of Authorized Signatures for Event:

Card Type: ☐ **Visa** ☐ **MC** ☐ **Amex** ☐ **Discover**

Signature of Cardholder _____

Credit Card Number _____

Expiration Date _____ **Security code** _____
3-Digit Number – Back of Card)

Neuro & Swedish Delight
419-260-2525
www.neuroandswedishdelight.massagetherapy.com
neuroandswedishdelight@yahoo.com

20% Service Charge _____

Estimated Subtotal _____

ESTIMATED TOTAL _____

Company Checks Accepted

1. Please type or print.
2. Orders must be received 7 days prior to start of event to receive incentive rates.
3. 20% service charge will be added to subtotal.
4. Massage contract will be sent to you confirming order, signed contracts and full payment must be received in our office prior to start of event. No service will commence without full payment prior to event, and credit card information on file.
5. Any time extensions during the event must be guaranteed by a major credit card, the balance of charges will be billed to credit card unless payment is received at the end of the show.