



Gift Certificate Required Information

(Certificate is good for 3 months from date of purchase)

Please include the following information and fax to TimeArt at 818-760-4385:
or include this information in an email info@timeart.us. Phone 818-980-2840

1.) Person Purchasing the Treatment or Gift Certificate:

Name on credit card _____

Card Type & Number _____

Expiration Date _____ Code on back of card _____

Billing address _____

Phone _____

2.): Gift Certificate Information

Please make sure the person to whom you are gifting does not have a pacemaker,
internal metal rod, plates, or ball joints.

Person Receiving the Certificate _____

Person Gifting the Certificate _____

Their functional email address &/or regular mail address

Their Phone (in case we can't get through by other means) _____

3.) Length of treatment (circle)

1 hour \$195 · 3/4 hour \$150 · 1/2 hour \$100

4.) Signature _____ Date _____