



THE HAIR SHOP. LOS ANGELES

# CREDIT CARD AUTHORIZATION

**PICK UP ORDERS ONLY ! ATTENTION TO (REP. NAME) :** \_\_\_\_\_

*This form must be completed and copies of your **Credit Card** and **Photo ID** are required for credit card authorization.*

**CARD TYPE**     VISA     MASTER     AMEX     DISCOVER

NO.     -  -  -

Exp. Date  /     CVC NUMBER   \*AMEX - Last 4 digits.  
(Last 3 digits of the number on the back of credit card)

COMPANY / SALON NAME \_\_\_\_\_

**CREDIT CARD HOLDER** \_\_\_\_\_    TEL No  -  -   
FAX No  -  -

**BILLING ADDRESS**    Street \_\_\_\_\_  
City \_\_\_\_\_    State     Zip

I hereby authorize **The Hair Shop, Inc.** to charge my credit card for the amount stated below as payment for merchandise I ordered.

\_\_\_\_\_      
SUBTOTAL AMOUNT \$ \_\_\_\_\_ , \_\_\_\_\_ .

I also authorize \_\_\_\_\_ to pick up the order in my stead.  
*Name of person picking up order*

**PRINT NAME** \_\_\_\_\_  
*Name of Card Holder*

**SIGNATURE** \_\_\_\_\_  
*Signature of Card Holder*

**PRINT NAME** \_\_\_\_\_  
*Name of person picking up order*  
**\* Do not sign until picking up!**

**SIGNATURE** \_\_\_\_\_  
*Signature of person picking up order*

- Please make sure you have included all of the following :  
(\* Please fax back at **323.933.9465** so that we can process)
1. Completed Credit Card Authorization form.
  2. Copy of your **\*Credit Card** (front & back)
  3. Copy of your **\*Photo ID**



**The Hair Shop, Inc. / www.HairPiece.com**  
1258 North Highland Ave. Hollywood CA 90038  
tel. 323.930.4747 fax. 323.933.9465  
e thehairshopla@hairpiece.com w www.HairPiece.com