

THE HAIR SHOP. NEW YORK

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

CREDIT CARD HOLDER E-MAIL ADDRESS _____ Keep credit card on file

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 _____
Name of person picking up order

If you will be using a messenger/carrier service, please indicate the company name:

PRINT NAME _____ **SIGNATURE** _____
Name of Card Holder *Signature of Card Holder*

PRINT NAME _____ **SIGNATURE** _____
Name of person picking up order *Signature of person picking up order*
** Do not sign until picking up!*

- Send a picture of the following items.
Smartphone pictures are acceptable.
Email all pictures to thehairshopny@hairpiece.com
1. Completed Credit Card Authorization form
 2. Copy of your ***Credit Card** (front & back)
 3. Copy of your ***Photo ID**



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