



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 _____
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

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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