

THE HAIR SHOP. ARIZONA

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 _____

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 \$, . + Sales tax

My authorization code: _____

We will verify that the person picking up items in your stead is authorized to do so by asking for this code.

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 photos to TheHairShopAZ@gmail.com

1. Completed Credit Card Authorization form.
2. Copy of your ***Credit Card** (front & back)
3. Copy of your ***Photo ID**

