

CREDIT CARD AUTHORIZATION

*PLEASE CHECK ONE OF THE FOLLOWING OPTIONS BELOW AS A METHOD OF PAYMENT FOR MERCHANDISE.

ATTENTION to.. PHONE ORDER WEBSITE ORDER **REP. NAME**

MEMBER NAME _____

INVOICE # _____

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 the credit card)

CREDIT CARD HOLDER _____

Name of Card Holder

Tel No

FAX No

BILLING ADDRESS Street _____

City _____ State Zip

SHIPPING 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.

TOTAL AMOUNT \$

PRINT NAME _____
Name of Card Holder

SIGNATURE _____
Signature of Card Holder

DATE month day year