



CREDIT CARD AUTHORIZATION REQUEST

This form must be fully completed in order to proceed with your transaction AND:

- 1. Attach a copy of your credit card FRONT & BACK
- 2. Attach a copy of your photo ID (driver's license or passport)
- 3. Authorized Personnel will be required to present their photo ID at point of pick up

CREDIT CARD HOLDER INFORMATION

First Name: _____ **Last Name:** _____

Company / Salon Name: _____

Cell: _____ **Business:** _____

Credit Card Billing Address: _____

State: _____ **City:** _____ **Zip Code:** _____

CREDIT CARD INFORMATION

Credit Card Type: VISA MASTER CARD AMEX DISCOVER

Card Number: - - -

Expiration Date: /

Security Code*:

*Last 3 digits of the number on the back of credit card (Amex last 4 digits of front number)

TYPE OF C.C. AUTHORIZATION

Delivery *(please specify Delivery Address and Sign Disclosure on next page)*

Delivery Address: _____

State: _____ **City:** _____ **Zip Code:** _____

Delivery Service Company: _____

In Store Pick-up *(please specify Authorized Personnel and Sign Disclosure on next page):*

AUTHORIZED PERSONNEL

I, _____ hereby authorize The Hair Shop, Inc. to charge this credit card for the amount
(Card Holder)

stated below as payment for merchandise I ordered. The following personnel are authorized to pick up my order while charging this credit card without my presence, as specified below:

One Time Use:

Print Name: _____

Subtotal Amount: ,. +Sales Tax

Multiple Use:

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

The Wig Shop understands the need for multiple personnel to use a business or personal credit card(s) without the cardholder being present. In order to accommodate this demand, please check whichever applies to this credit card:

Please call me personally to **verbally authorize** the persons above to use this card _____
(Initials)

The persons above can use this card **without my verbal authorization** (do not call me) _____
(Initials)

Other (please specify):

(Initials)

DISCLOSURE

I acknowledge that I have carefully read the above information in its entirety and understand that The Wig Shop, sister store affiliated with the The Hair Shop, Inc. is not responsible for any misuse of this credit card outside of what I have specified above.

Print Name: _____
Card Holder Name

Signature: _____
Card Holder Signature

Date: _____