



Credit Card Authorization Form

Salon Name: _____

I, _____, as the credit card holder, authorize Hair for Hope Foundation to charge my credit card for present and future purchases verbally approved by me or authorized purchasers.

() VISA () MasterCard () American Express () Discover

Credit Card Number:

Expiration Date: ____ / ____ Sec. Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____

Telephone: () _____ - _____ Email: _____

Salon Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above. Please sign here:

Cardholder's Signature

____/____/____
Date

Other authorized purchasers: _____

Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. Hair for Hope Foundation will keep all information entered on this form strictly confidential. By initialing, you agree to have your credit card charged for 2016 Pink Hair for Hope campaign. Please note that all sales are final. No exceptions. No minimum orders. Initial Here: _____