



Credit Card Authorization Form

Salon Name: _____

I, _____, as the credit card holder, authorize SoCapUSA to charge my credit card for present & future purchases verbally approved by me.

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 to protect you, our valued customers, from credit card fraud. So Cap USA will keep all information entered on this form strictly confidential. By initialing, you authorize to have your credit card charged.

Initials Here: _____