

CREDIT CARD AUTHORIZATION

THE HAIR SHOP, INC. / WWW.HAIRPIECE.COM
5376 Wilshire Blvd. Los Angeles, CA 90036.
tel. 800.980.4744 fax. 323.933.9465

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

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

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)

CREDIT CARD HOLDER _____
Name of Card Holder

TEL No - -

FAX No - -

BILLING ADDRESS Street _____

City _____ State Zip

SHIPPING ADDRESS Street _____

City _____ State Zip

Comments . _____

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 \$, . + 9.75% Sales tax (CA Resident Only)
(Not including shipping, tax & Freight charges)

PRINT NAME _____
Name of Card Holder

SIGNATURE _____
Signature of Card Holder

DATE month day year

* Please fax back at **1-323-933-9465** so that we can process your order.