

THE HAIR SHOP. LOS ANGELES
CREDIT CARD
 INFORMATION

*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 number.
 (Last 3 digits number at the back of credit card)

COMPANY NAME _____

CREDIT CARD HOLDER _____ TEL No - -

FAX No - -

BILLING ADDRESS Street _____

City _____ State Zip

SHIPPING ADDRESS Street _____

City _____ State Zip

I hereby authorize _____ to charge my credit card for the Amount Started below as payment for merchandise I ordered.

SUBTOTAL AMOUNT \$, . (Not including shipping & Freight charges)

Comments . _____

PRINT NAME _____ **SIGNATURE** _____

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