

## CREDIT CARD AGREEMENT

SALON NAME: \_\_\_\_\_

CUSTOMER NUMBER: \_\_\_\_\_

I, \_\_\_\_\_, authorize payment to be made by my Visa, MasterCard, or Amex towards my account.

VISA     MASTERCARD     AMEX

CREDIT CARD NUMBER: \_\_\_\_\_

V CODE OR CVV CODE: \_\_\_\_\_ (four-digit code, found on back of credit card)

EXPIRY DATE (DATE/MONTH/YEAR) : \_\_\_\_\_

CARDHOLDER: \_\_\_\_\_  
(FIRST NAME)                                  (INITIAL)                                  (LAST NAME)

Please be informed that you must include a photocopy of the FRONT and BACK of the Credit Card.

Please check one of the following options.

Prepay each invoice   

Card Holder Signature:

\_\_\_\_\_

Date: \_\_\_\_\_