

HAIR MOTION INT'L CORP

60-01 31ST AVE STE 2
WOODSIDE, NY 11377
TEL (718) 626-4247
FAX (718) 626-4248

CREDIT CARD AUTHORIZATION FORM

DATE: _____ Acct Mgr: Ramee Park _____

Credit Card Type: AMEX VISA MASTER CARD DISCOVER

Name as shown on card: _____

(If corporate card)

Company Name: _____

Card #: _____ CVV#(Security Code): _____

Expiration Date: _____

Billing Address of Card: _____

A. I am the cardholder for the above card. I authorize Hair Motion Int'l Corp to charge the above credit card in the amount of \$ _____ for Order # _____ representing a payment for the goods and/ or services shown on the proposal and/or invoice.

B. I am the cardholder for the above card. I authorize Hair Motion Int'l Corp to charge the above credit card for **all future orders** representing a payment for the goods and/ or services shown on the proposal and/ or invoice.

By signing below, I understand and acknowledge that all dial-in/non-swipe charges to the above credit card will have an additional 3% credit card service charge per transaction.

Signature of Card holder

DATE

**** Please fax back this form with a Copy of a PHOTO ID of Cardholder and Copy of Card front and back. ****