



EURO COLLECTION HAIR CREDIT CARD AUTHORIZATION FORM

Telephone: +1 301-284-7336 * **Email:** orders@eurocollectionhair.com

– PLEASE PRINT CLEARLY –

I authorize *(Please add name as it appears on your order)* _____ to use my credit card for purchases from EuroCollectionhair.com

Card Holder Signature *(must be as it is on the card)*: _____

Date: _____

This Order Number: _____

Please accept this letter as authorization to bill my credit card for the following length of time:

This Order Only *(We will request this information with all orders even if using this card again.)* Name of the card holder *(exactly as it appears on card)*: _____

Billing Address *(Complete address, exactly as it appears on credit card billing statement)*:

Last 4 digits of card: _____ Expiration date: _____ CVV code: _____

(On the back/front of card, in signature field)

Billing Telephone Number: _____

Fax Number (if any): _____

NOTE: A CLEAR copy of the credit card (front and back) must be attached to this authorization. We accept phone captured images. **Please make sure the copy is legible.** Thank you for helping control credit card fraud.

END OF DOCUMENT

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