

CANYON FALLS SPA & SALON / CANYON FALLS HAIR EXTENSION CO.

CREDIT CARD AUTHORIZATION FORM

Card Holder Name: _____

Billing Address: _____

Phone Number: () _____ - _____

Credit Card Type: (Please Circle One)

 Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: ____/____

CID :(Last 3 digits located on the back of the card) _____

Amount to be charged: (one time purchases only) \$ _____ (USD)

- Checking this box authorizes Beauty World Inc dba Canyon Falls Spa & Salon / dba Canyon Falls Hair Extension Company to charge the credit card listed above for recurring purchases.

By signing this document I, _____, hereby authorize Beauty World Inc dba Canyon Falls Spa & Salon / dba Canyon Falls Hair Extension Company to charge my credit card for the amount listed above.

Card Holders Signature: _____ Date: _____

Please attach a photocopy of cardholders ID and credit card (front and back)

Please complete this authorization form and return to our office by fax at:
(702) 914-8736