

Credit Card Authorization Form

Please complete all fields. Hair We Go will process payments within 3-5 days of services. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

EMAIL COMPLETED FORM TO kendra@hairwegohouston.com

Billing and Payment Inquiries: kendra@hairwegohouston.com or 713-382-8299

Resident Name: _____

Community Name: _____

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
CVV (on back of the card): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize Hair We Go to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

