

## PRE- APPROVED CREDIT CARD AUTHORIZATION APPLICATION

This application gives Modern Beauty Supplies the authorization to charge any invoices to the credit card number entered on this form. This form must be completed and signed by the card holder.

I, \_\_\_\_\_, \_\_\_\_\_, authorize Modern  
FIRST NAME LAST NAME  
Beauty to apply all invoice purchases to my credit card below and will contact Modern Beauty immediately if any changes to my card occur.

Credit Card (Please Select)  Visa  Mastercard

Card Number \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR

Billing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ - \_\_\_\_\_

Name on Credit Card \_\_\_\_\_  
FIRST NAME LAST NAME

Salon Name \_\_\_\_\_

Business # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Customer # \_\_\_\_\_

I have read and agree to all of Modern Beauty's terms and conditions. I hereby authorize Modern Beauty to apply purchases to the above credit card.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR