




MIAMI HEADQUATER

5517 N.W. 163RD ST. Miami Gardens, FL 33014

TEL : 305-430-4400 FAX : 305-621-5444

   [bijouxhairusa/www.bijouxhair.com](https://www.bijouxhair.com)**ATLANTA BRANCH**

2440 Satellite Blvd, Duluth, GA 30096

TEL : 770-817-9966 FAX : 770-817-9969



Credit Card Authorization Form

(Please read thoroughly and sign)

Instructions:

1. Print and complete form.
2. Sign where indicated.
3. Submit by email, Whatsapp or Fax
the completed form.

Submit to:

Beauty Elements Corp
5517 NW 163rd Street
Miami Gardens, FL 33014
Fax: 305-621-5444

I authorize **Beauty Elements Corporation** *to charge my (please check below)*

Master ☐**VISA** ☐**AMEX** ☐**DISCOVER** ☐ Credit Card Number Expiration Date*(mm/yy)***CVV2 Code**(VISA, MASTER, DISCOVER: 3 digits on the back,
AMEX: 4 digits on the front) Billing address*(Street)**(City)**(State)**(Zip)**(Country)* The charge is for

Invoice No.	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

*(2% convenience fee will be included on the amount to charge)***Total** _____ **USD**

I understand that my signature on this contract will serve as my authorized signature on the Credit Charge Slip

PRINT NAME AS IT APPEARS ON CARD**SIGNATURE****DATE (mm/dd/yyyy)****COMPANY NAME**

I agree to receive promotional messages sent via an autodialer, and this agreement isn't a condition of any purchase.

4 Msgs/Month. Msg & Data rates may apply.

 **Please send us copy of both sides of the credit card along with this form in order us to proceed the payment.**

Thank you for your cooperation!