



1590 NW 27th Avenue, Suite #2 • Pompano Beach, FL 33069 • 954.929.4499
Fax Numbers: 954.929.7911

CREDIT CARD AUTHORIZATION FORM

TruStar Account # (If Available): _____

Salon/Company Name: _____

Salon Company Address: _____

CREDIT CARD BILLING INFORMATION:

Card Holder Name:

Credit Card Billing Address:

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Please Check One: VISA Master Card Amex

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date: _____ Security Code: _____

I authorize, TruStar Salon Services, to charge my purchase(s) to the credit card listed above. I agree to pay the amount according to the card issuer agreement.

Cardholder Signature:

Date:

Please fax back to the number 954-929-7911 for immediate processing of your order.
PLEASE ATTACH A COPY OF THE CREDIT CARD (FRONT & BACK) AND THE CARDHOLDERS
DRIVERS LICENSE.