

SCHOOL OF BEAUTY



438 Hobron Lane Suite 207/208/305  
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## Credit Card Authorization Form

Name of cardholder: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Prefecture: \_\_\_\_\_ Zip Code (〒): \_\_\_\_\_

Country: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

I \_\_\_\_\_, hereby authorize Honolulu Nails & Aesthetics Academy to charge my

credit card for: (Student's name) \_\_\_\_\_

Visa

MasterCard

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CVV (3 digits in the back of the card): \_\_\_\_\_

Authorization Valid Until: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial Here: \_\_\_\_\_

I certified that, all the given information is correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_