

SCHOOL OF BEAUTY
HINA *Honolulu*
NAILS & AESTHETIC ACADEMY

680 Iwilei Road, Suite 665, Honolulu, HI 96817
Tel: 808-944-1121

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: ____/____/