



BEAUTY SUPPLY
Lending Group

Beauty Supply Lending Group Credit Card Authorization Form

Today's Date:

Client Name:

Phone Number:

Email:

Shipping Address:

City:

State:

Zip:

I, the undersigned cardholder, authorize the merchant known as [BEAUTY SUPPLY LENDING GROUP] to charge my credit card for the repayment of a loan outlined in the loan agreement. I agree that my information will be saved by the lender for future payments.

Card Billing Information

Address:

City:

State:

Zip:

Phone Number: - -

Email:

I understand my payment information will be saved for easier processing of future transactions? Yes No

Name as it appears on Credit Card:

Card Type: (Initial One)

VISA

MC

AMEX

DISCOVER

Credit Card #: - - -

Exp Date:

Security Code:

Signature:

Loan Payment Amount:

Underwriting Use Only

Special Processing Notes: