

BROCKBEAUTY

CREDIT CARD RELEASE FORM

Please fill out and email to: support@brockbeauty.com

TODAY'S DATE:	/ /
CARDHOLDER'S NAME (AS IT APPEARS ON THE CARD):	
HOME PHONE:	
WORK PHONE:	
EMAIL ADDRESS:	
CARDHOLDER'S DRIVERS LICENSE OR STATE ISSUED ID #:	STATE: EXP: /
SHIPPING ADDRESS:	
BILLING ADDRESS OF CARDHOLDER:	
CITY, STATE, ZIP:	
CREDIT CARD NUMBER:	
EXPIRATION DATE:	
SECURITY CODE:	

IMPORTANT

PLEASE BE SURE TO INCLUDE A FRONT & BACK COPY OF
YOUR CREDIT CARD AND YOUR DRIVERS LICENSE OR STATE
ISSUED I.D.



By signing this agreement you have given consent as follows:

I hereby authorize Brock Beauty Inc. to charge my credit card account for the purchase I have made with their company. I am aware that all exchanges and refunds are subject to approval and at the sole discretion of Brock Beauty Inc. I realize I am also responsible for all shipping and handling charges associated with my purchase.

PRINT NAME:

SIGNATURE:

DATE: / /