



560 Windy Point Drive, Glendale Heights, IL 60139  
(630) 260-2221 Fax Number: (630) 407-3870

**CREDIT CARD AUTHORIZATION FORM**

Midway Star 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, Midway Star 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 (630) 407-3870 for immediate processing of your order.**