Head Choice Inc

10035 Federal Drive
Colorado Springs, CO 80908
Phone: 888-520-8808
Fax: 415-329-1661

This form authorizes Head Choice Inc to process your Credit Card for transactions.

Primary Credit Card

Name on Card:_____

Card Type:_____

Card Number:_____

Expiration: ____ /_____

Billing Address:_____

Billing City, State, Zip Code:_____

Secondary Credit Card

Name on Card:_____

Card Type:_____

Card Number:_____

Expiration: ____ /_____

Billing Address:_____

Billing City, State, Zip Code:_____

Signature: _____ Print Name: _____

Title: _____ Date: _____

This credit card will serve as your primary payment method for all invoices through Head Choice Inc. If you wish to cancel this credit card authorization, you must do so prior to placing an order.