

Order Authorization Form



Please fill out this form and submit it to **orders@haircompounds.com**.
This form can be filled out digitally, but would require a signature,
either by printing it out and signing it **OR** signing the PDF through your device.

Name of Account Owner:

Email Address of associated Account Owner:

Salon Business Name: _____

Phone Number of Account Owner: _____

area code phone number

Maximum amount (including shipping and/or tax),
you authorize Hair & Compounds to charge your credit card:

\$ _____

I am authorizing the following people to
use my H&C account (Including my own
credit card) to place orders):

I am authorizing the following people to
use my credit card:

OR

Account/Credit Card Owner's Signature

Today's Date

This form will give permission for other stylists/assistants to use your H&C account and credit card **OR for stylists/assistants to use your credit card on their own H&C accounts to purchase from Hair & Compounds.