

Order Authorization Form

Please fill out this form and submit it to **orders@haircompounds.com**.

This form can be filled out digitally, but would still require a signature, either by printing it out and signing it **OR** signing through a PDF Program through your device.



Pro-Access Account Owner:

First Name

Last Name

Credit Card of Non Pro-Access Member:

First Name

Last Name

Email Address of associated Credit Card Owner:

example@example.com

Salon Business Name: _____

Phone Number of Credit Card 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):

OR

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

Pro-Access Member Signature:

Credit Card Owner Signature:

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.