

FLAUNT HAWAI'I

Airbrush . Makeup . Hair

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CREDIT CARD AUTHORIZATION FORM

Please Print or Type

Circle One:

Visa MasterCard

Client Name: _____

Email Address: _____

Contact Number: _____

Event Month: _____ Day: _____ Year: _____

Name on Card: _____

Card #: _____ - _____ - _____ - _____

Expiration Date: _____ - _____

Security Code
(3 or 4 digits) _____

Billing Address: _____

Billing Zipcode: _____

Authorized Amount: \$ _____ . _____

Card Holder Signature: _____ Date: _____ - _____ - _____

Please mail the styling agreement and credit card authorization form to:

Flaunt Hawai'i
P.O. Box 23262
Honolulu, Hawai'i 96823

After the deposit is processed, we will send an email confirmation.