

HairReplacementnyc^{inc}

855 Lexington Ave New York NY 10021 212-717-4000 www.hairreplacementnyc.com

30 DAY FREE TRIAL CREDIT CARD AUTHORIZATION

Please fill out the information and fax it to 212-717-4000.

Date: _____

I _____ authorize Hair Replacement NYC INC. to process payment of \$500.00 **only in the event that I do not keep my scheduled appointment** on _____ (date) at _____ (time).

I understand that I am not obligated to purchase anything and I am not in any contract by doing this free service.

I understand that I and Hair Replacement NYC are both obligated to give a 48 hour notice to reschedule said appointment.

I understand that it is my obligation to return Hair System within the first 30 days if I decide the program is not for me and **THERE IS NO CHARGE MADE TO MY CARD.**

I understand that In the event I do **not** return my Hair System, I authorize Hair Replacement NYC INC. to **process payment of \$500 for services rendered.**

Signature _____

Circle One MasterCard Visa American Express Discover

Date: _____

Credit Card # _____ Expiration Date _____

Billing Address _____

City _____ State _____ ZIP _____

Credit Card Holder Signature _____

Cell Phone _____ Work Phone _____

Please note: A current driver's license or picture ID is required for client the day of service.

Authorization sheet must be faxed back to complete order. Fax: 212-439-6238