

New Business Information Form

LUNICA BEAUTY, LLC 7625 E REDFIELD RD # 145, SCOTTSDALE, AZ 85260, 602 788 8086

Business Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Tel.No. _____

Social Security or Fed. I.D. _____ Resale Tax No. _____

Owner/Manager _____

Credit Card Recurring Payment Authorization Form

Please complete ALL of the information below:

I _____ / _____ authorize Lunica Beauty, LLC to charge my credit card as
First Name **Last Name or Business** indicated below as needed for payment of my salon products.

Billing Address _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____ *(Print Clearly)*

Expiration Date ____ / ____ / ____ **CVV** (3 digit number on back of Visa/MC) _____

AUTHORIZED USER SIGNATURE _____ **DATE** _____

I authorize the Lunica Beauty, LLC to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Complete Form & Send to L'unica Beauty by Fax (602-788-5043) or visit www.lunicabeauty.com/documents.html where you can upload files.