Esthetic Formula, Inc.
17780 Gothard Street
Huntington Beach, CA. 92647
714-375-0398
Fax: 714-375-0397

PLEASE FILL OUT AND SIGN FORM AND FAX BACK

Credit Card Authorization Form

- Cardholder Name: _____
- Type of Card: Visa Mastercard Discover
- *Card Number:_____
- Expiration Date:_____
- Security Code:_____
- Billing Address:_____

  _____
- Billing Phone Number:_____
- **Shipping Address:_____

  _____

  _____

X_____ Date _____
Cardholder Signature **(Required)**

Please fill out form and fax back to 714-375-0397

The credit card billing address, zip code, and security code must match in order for transaction to be processed. If something does not match, we will need corrected information prior to shipping.

For new clients, we must have signed authorization to charge credit card on first order.

*Anytime a new card number is used, we will need a new authorization form on file

For new clients or clients who have ordered less than 3 times in a given year, we can **only ship to the *Bill To* address. For all other clients, if shipping address is different than billing address, we need signed confirmation from the cardholder to authorize the different address.