

SH'ZEN

...a more beautiful you, naturally

CREDIT CARD AUTHORISATION

PLEASE USE A BLACK PEN
PLEASE FILL IN ALL CUSTOMER DETAILS

Master
Card

Visa

Expiry
Date

STRAIGHT

FOR OFFICE USE ONLY

Authorization
Code

6MONTHS

Credit Card No.

R _____

Last 3 digits on rear of credit card

*I hereby confirm the herein mentioned sale subject to the
conditions governing the use of the card.*

.....
Card Holder Name

.....
Card Holder Signature

Customer Information

Name: _____

Tel no: _____

Team Leader Information

Name: _____

Tel no: _____

Consultant Information

Name: _____

Tel no: _____

Cell: _____

**NB - This transaction will only be processed by SH'ZEN when
this signed Customer Order Form is faxed to the Regional Office.**

CREDIT CARD IMPRINT

PLEASE PLACE CREDIT CARD UNDER PAPER AND RUB OVER
WITH A PENCIL IN ORDER TO TRANSFER CARD DETAILS.