

**Salon/Individual  
Information Sheet**

Sales Tax Exempt ID Number  
Credit Card Form



**TIS Sales Rep Name**

**Salon and Distribution sales pricing does not include tax. Please input your salon/individual information along with your STATE SALES TAX ID NUMBER below so that we can invoice you or your salon correctly. Otherwise, tax will be included on final order.**

Salon Name: \_\_\_\_\_ State Sales Tax ID Number: \_\_\_\_\_  
State EIN Number (optional): \_\_\_\_\_

Individual(s) Name: \_\_\_\_\_ State Sales Tax ID Number: \_\_\_\_\_  
State EIN Number (optional): \_\_\_\_\_

Salon Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salon Phone number: \_\_\_\_\_  
Salon web site (if applicable): \_\_\_\_\_  
Salon Email (if applicable): \_\_\_\_\_

**Credit Card Information: Please write legibly.**

Please Circle:      Discover      Visa      Mastercard

Cardholders Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CV2 Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Make Checks Payable to:  
Thicken It Studios, Inc.**

**Mailing Address:  
Thicken It Studios, Inc.  
6992 NW 30th Terr  
Fort Lauderdale, FL 33309**

Cardholders Signature and Date      Fax Sheet to: (954) 337-6400

**ALL SALES ARE FINAL.  
NO EXCHANGES, NO RETURNS AND NO REFUNDS  
PLEASE BE AWARE OF THIS POLICY BEFORE ORDERING.**



**Thicken It  
STUDIOS**

[www.thickenit.com](http://www.thickenit.com) | [info@thickenit.com](mailto:info@thickenit.com)

**Tomorrows Hair Solutions Today!**

# Credit/Debit Authorization Form

Fax Order to: (954) 337-6400



I (we) hereby authorize **THICKEN IT STUDIOS, INC (THE COMPANY)** to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Business Name PLEASE PRINT)

\_\_\_\_\_  
(Business Address PLEASE PRINT)

Set Amount: \_\_\_\_\_ or Maximum Amount: \_\_\_\_\_

Debit / Credit will begin on: \_\_\_\_\_ / \_\_\_\_\_ / 200\_\_\_\_\_  
Month Day Year

Financial Institution Routing Number: \_\_\_\_\_

Checking / Savings (Please circle) Account Number: \_\_\_\_\_

\_\_\_\_\_  
Bank holders Signature and Date

\_\_\_\_\_  
Fax Sheet to: (954) 337-6400

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*Tomorrows Hair Solutions Today!*