



Required Credit Card Information Form

Please print out this Required Credit Card Information form and fill out in its entirety. Attach a Print out of your 5-Day Registration Auto Response Receipt (Delivered to your email address after your application has been submitted.) and supply your E-mail address, in which we can track your application. **Please return by Express Mail to:**

Invisible Hair™ Restoration Center
1780 La Costa Meadows Drive, Suite 103
San Marcos, CA 92078

— OR —

Fax Us:
1-760-752-8335

Send or Fax well in advance (14 days) of the course start date to allow plenty of time for your check to clear our bank.

We track all on-line processed *5-Day Training Applications* by the E-mail address provided to us on your on-line Application.
Please reference that E-mail address here:

_____ @ _____

REFERENCE: E-mail address provided to us on your on-line *Application*.

Required Credit Card Information: Please fill out completely.

Important Note: Your credit card will NOT be charged unless a returned check fee is incurred.

Visa Master Card American Express Discover

Credit Card Number:

Exp:

Name on Card:

First:

Last:

M.I.

Business Name (If applicable.)

Billing Address: (For this card.)

City:

State:

Zip Code:

Turn your card over, what are the last 3 digits on the back of your card: _____

Authorized Signature:

Date:

Please Read and Accept “Terms & Conditions Agreement” to Complete the Process of Registration.

I Accept The “Terms & Conditions Agreement.”

Terms & Conditions Agreement

Payment by Check

Invisible Hair™ Enterprises, Inc. will accept your check; however, the check you issue must clear our bank 14 days prior to the start date of the **5-Day Training Certification course**. If the check you issue does not clear, a \$35.00 returned check fee will be charged to your credit card

If the check issued by me does not clear Invisible Hair™ Enterprises, Inc’s bank, Invisible Hair™ Enterprises, Inc. has my authorization to charge the credit/debit I have indicated above:

I agree to pay the Returned Check Fee. _____ (Initial Here.)

IMPORTANT REMINDER — PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Please Mail or Fax your **5-Day Training Application Auto Return Receipt** (Delivered to your email address after your application has been submitted.)
2. We track all on-line processed *5-Day Training Applications* by the E-mail address provided to us on your on-line *Application*. Please reference that E-mail address at the beginning of this *Required Credit Card Information Form*
3. Fill out the *Required Credit Card Information Form* Completely.
4. In addition, you MUST provide us with a copy of your valid Cosmetology License.
5. Attach ALL required documents and Mail or Fax well in advance (14 days) of the course start date.
6. Keep a copy for your records.