

Studio W Of Honolulu

I authorize Studio W of Honolulu to deduct \$ _____ from my

Visa/MasterCard # _____

Exp. Date _____ 3 Digit Security Code (located on the back): _____

Please Print:

The name as it reads on the credit card and the billing address:

Name: _____

Billing Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell _____

Signature: _____

Today's Date: _____

Program / Class: _____ Class Date(s): _____

Name of student: _____

Please Fax this completed authorization form, with your enrollment application, to 808.356.0804
Upon receipt of your payment, you will receive a confirmation letter.

Thank you,

Studio W of Honolulu / Stargirl Cosmetics

111 Hekili St. Suite A-227

Kailua, HI 96734

Phone 808.371.8242 / Toll Free 888.986.9333

Fax 808.356.0804

info@studiowofhonolulu.com

www.studiowofhonolulu.com