



CREDIT CARD AUTHORIZATION FORM

Business Name: _____

Individual Name: _____

Billing Address: _____

PO Box: _____ Phone Number: _____

Email: _____

Shipping Address: _____

Credit Card Information:

Card Type: MasterCard VISA Discover
 AMEX Other

Cardholder Name (as shown on card): _____

Card Number: _____ Credit card security code: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

Amount to be charged: _____ (USD)

I, _____, authorize **HealthyLine** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date