



Natural Awakenings
Credit Card Billing Authorization Form

All requested information is required

I authorize Natural Awakenings to bill the card listed below as specified:

Amount \$ _____ Frequency: One Time Monthly

Start billing on: _____ End billing when: Contract Expires
(Today's date) After One Time Charge

Natural Awakenings accepts the following credit cards: Visa, MasterCard, Discover and American Express.

Credit Card # _____ Expiration _____

Name as it appears on Credit Card _____

Billing Address for Credit Card _____

_____ Zip Code _____

3 Digit Code (from signature line on back of credit card) _____

4 Digit Code for AX (on front of card) _____

Cardholder's Signature

PRINT FORM - PROVIDE INFORMATION – FAX TO (843) 821-7405 or RETURN BY MAIL TO THE ADDRESS BELOW. ALL INFORMATION IS CONFIDENTIAL AND SECURED.