

# CREDIT CARD AUTHORIZATION RELEASE FORM FOR BIOWELLNESSX

FULL NAME:

PHONE NUMBER:

EMAIL:

CREDIT CARD NUMBER (ADD LAST 4 DIGITS) \_\_\_\_\_ EXP \_\_\_\_ / \_\_\_\_

TYPE OF CARD \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ AMERICAN EXPRESS \_\_\_ OTHER \_\_\_\_\_

COMPANY NAME / PERSONAL NAME ON CARD \_\_\_\_\_

BILLING ADDRESS FOR THIS CARD \_\_\_\_\_

BILLING CITY FOR THIS CARD \_\_\_\_\_ BILLING ZIP FOR THIS CARD \_\_\_\_\_

SHIPPING ADDRESS FOR THIS CARD \_\_\_\_\_

SHIPPING CITY FOR THIS CARD \_\_\_\_\_ SHIPPING ZIP FOR THIS CARD \_\_\_\_\_

X \_\_\_\_\_

Signature of cardholder

Date

BUYER AGREES BY SIGNING ABOVE THAT ALL INFORMATION IS CORRECT AND AGREES TO PAY TOTAL AMOUNT DUE ON RECENT PURCHASE. FALSE INFORMATION PROVIDED OR WITHHELD AND WHERE CREDIT CARD REJECTS, RECLAIMS, OR REVERSES PAYMENT, WILL BE TURNED OVER FOR COLLECTIONS.

PLEASE PROVIDE A VALID GOVERNMENT PHOTO ID ALONG WITH THIS SIGNED DOCUMENT.

WHEN COMPLETED, PLEASE EMAIL IT BACK TO [CONTACT@BIOWELLNESSX.COM](mailto:CONTACT@BIOWELLNESSX.COM)

