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[www.ihealthtree.com](http://www.ihealthtree.com)

## INTERNATIONAL CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_ authorize **www.iHealthTree.com - Health Food Store** to process and charge my credit card for the purchase in the amount of \$\_\_\_\_\_ including shipping charges on one of the following cards.

- |                          |   |                  |                          |  |             |
|--------------------------|---|------------------|--------------------------|--|-------------|
| <input type="checkbox"/> |  | VISA             | <input type="checkbox"/> |  | MASTER CARD |
| <input type="checkbox"/> |  | AMERICAN EXPRESS | <input type="checkbox"/> |  | DISCOVER    |

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Order Number: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Billing Address (if different from above):

\_\_\_\_\_

Authorized Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*For International Orders: (1) *www.iHealthTree.com* will not be liable for any custom duty fees. (2) If for any reason you are returning or refusing your package(s), *www.iHealthTree.com* reserves the rights to abandon the package(s) and will not be responsible for any refund \*\*\*\*\*

**\* To complete your order, please fax a copy of the front and back of the credit card AND a valid photo ID. Fax to: (626) 839-5227 or email scanned files to [sales@allnaturepharm.com](mailto:sales@allnaturepharm.com)**

Sign Here!! I have read and agreement to the statement

X \_\_\_\_\_