



CREDIT CARD AUTHORIZATION

Dear Customer,

In order for VitaDigest.com to better serve you, the follow information is required. Please complete this form and fax back to us. Also include a copy of Driver's License, Front and Back of the Credit card.

Credit Card Used: Visa _____ Mastercard _____

Discover _____ American Express _____

CVV2 Number in back of the Card _____

Bank Phone Number _____

Your Customer # (Optional): _____

Cardholder's Name: _____

Credit Card #: _____ Exp. Date _____

Billing Address: Street _____

City _____

State _____ Zip Code _____

I authorize VitaDigest.com to process and charge my credit card for the purchase in the amount of \$ _____ including shipping charges to my credit card.

Cardholder's Signature _____ Date _____

Please fax back to VitaDigest.com A.S.A.P in order for us to process your order today.

Fax Number: 626-965-8337

Email: Sales@VitaDigest.com