



CREDIT CARD AUTHORIZATION FORM

When an order need to be shipped to an address different from the billing address or when an international credit card is used, we need to obtain your authorization.

Instructions:

1. Complete the form with all your billing and shipping information.
2. Print the entire form and sign with the credit card holder's signature on the line.
3. Include a photocopy of the front and back of the signed credit card.
4. Fax the form to us to have your order ship.

I, _____, hereby authorize VitaMaker.com to charge the following credit card in the amount of \$ _____ including shipping charges.

VISA MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ / _____ CVV2 Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) _____

As the credit card holder, I hereby authorize receipt of goods and services at the shipping address above.

Cardholder's Signature

Date