



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.

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: RMA@Vitadigest.com