HEALTH IN MOTION, LLC

CREDIT CARD AUTHORIZATION FORM

Please fax this completed form to (714)738-1728

Customer Name: _____

Phone Number: _____

Invoice/Reference #'s: | | **Amount to be charged:** | |

Credit Card Type: VISA ☐ MC ☐ AM EX ☐

Credit Card Number:

CCV: | | (3-DIGIT CODE ON BACK OF CARD)

Exp date: | | / | |

Cardholder's name as it appears on the credit card:

Cardholder's billing address:

Street:	
City:	State: Zip:

IS THIS CARD TO REMAIN ON FILE FOR FUTURE PURCHASES? Yes ☐ No ☐

I, _____, authorize Health In Motion, LLC to charge the credit card listed above.

Signature & Date _____

4945 E. Hunter Ave.*Anaheim, CA 92807 * (877)738-1729 * Fax (714)738-1728