

# credit card billing authorization

## Mile High Natural Awakenings

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**Please print this form and fax/email back to us.  
All requested information is required.**

I authorize *Natural Awakenings* to bill the card listed below as specified:

Amount \$ \_\_\_\_\_ Frequency:  One Time \_\_\_\_\_  
 Monthly \_\_\_\_\_  
Please charge my credit card

Start billing on: \_\_\_\_\_ End billing:  On contract expiration  
(Today's date)  One-time charge

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

*Natural Awakenings* accepts the following credit cards: Visa, MasterCard, American Express.

Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3 Digit Code \_\_\_\_\_ (from signature line on back of credit card)

4 Digit Code for AmEx \_\_\_\_\_ (on front of card)

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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