

National Benefits Consultants

7395 E. Peakview Ave. Centennial, CO 80111

Fax: 720-488-9893

E-mail: Info@NatBenCo.com

CREDIT CARD AUTHORIZATION

Customer Information

Contact Name: _____

Telephone: _____

Email: _____

Address: _____

Country: _____

Please fill out, scan and send completed form via:

Fax:

720-488-9893

Mail:

7395 E. Peakview Ave.
Centennial, CO 80111

Email:

Info@NatBenCo.com

Any information sent via E-Mail or Fax is not secure and is being transmitted at sender's own risk.

Credit Card Account

Account Type: _____ VISA _____ MASTERCARD

Account Number:

Expiry Date:

Security Code:

Cardholder Name: _____

Address: _____

Frequency: Monthly _____ Annually _____

It is the Customer's responsibility to inform National Benefits of any changes to the billing address, expiration date and/or changes to the card holder's name of credit card account provided. Any information provided in this form will be used for the completion of this transaction only, and will be destroyed after completing the purchase.

Authorization

I authorize National Benefits Consultants to debit the credit card account provided above for the purchase of product by the above Customer. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing.

Authorized Signature: _____

Date: _____