



Design & Printing Experts

Credit Card Authorization

CREDIT CARD TYPE

I authorize Positive Existence, Inc. to charge my credit card.
(Please check one)



AMOUNT

One time only on or after..... _____
(Date)

Deposit of.....\$ _____
on _____
(Date)

Balance of.....\$ _____
on _____
(Date)

CARDHOLDER INFORMATION

Credit card number: _____ Expiration Date: _____

Cardholder name: _____ Charge amount: _____

Shipping address: _____

City, State: _____

Zip code: _____

Phone number: _____

AUTHORIZATION (By signing here you are agreeing and authorizing the above amount and dates.)

Cardholder Signature _____ Date: _____

Thank you for your business. We look forward to serving you again.

FAX TO:
310-314-6900

Positive Existence, Inc.
1833 18th Street, Santa Monica, CA 90808
Phone: 310-314-3537