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Credit Card Authorization Form

NAME	_____
ID #	_____
DATE	_____



VISA MASTERCARD

CARD NUMBER	_____	CCV	_____
EXP. DATE	_____ / _____		
NAME (Cardholder)	_____		
ADDRESS	_____		
PHONE NUMBER	_____		



I authorize the use of the above listed credit card to pay the fee(s) listed below to Enagic U.S.A or Enagic Canada. I understand that the credit card transaction will occur on the transaction date listed. I understand that fee payment deadlines and late fees are my responsibility and that a penalty fee may be charged if my credit card is declined (pick up or not allowed). Please ensure that you complete this form in its entirety.

AMOUNT	NAME CHANGE FEE	<input type="checkbox"/>
\$	BOUNCE CHEQUE FEE	<input type="checkbox"/>
_____	REPAIRS	<input type="checkbox"/>
	SHIPPING FEE	<input type="checkbox"/>
	RESTOCKING FEE	<input type="checkbox"/>
	MONTHLY PAYMENT	<input type="checkbox"/>
	OTHER	<input type="checkbox"/>
		_____ <i>ID</i>

SIGNATURE

DATE