



## CREDIT CARD AUTHORIZATION

Fill out this form, print it, and fax to 785-862-0347 or scan and e-mail to [order@wipes4health.com](mailto:order@wipes4health.com).

Today's Date

### **Customer/Account Information**

Contact Name

Business Name

Street Address

Suite/Apt/Building

City

State

Zip Code

Phone Number

E-mail Address

### **Credit Card Information**

Name on Card

Card Number

CVC Code

Card Type

Expiration Date

By providing this information to agree to allow Wipes 4 Health to charge the credit card on file for any orders placed via telephone or the website. Any changes to the payment information must be provided by submitting a new authorization form.

Signed: \_\_\_\_\_