



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: \_\_\_\_\_ CVC code: \_\_\_\_\_

Credit card billing 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:  
**424-228-5712**

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