

Credit Card Authorization Form

Authorization is hereby given to Wise Living, Inc. to charge my credit card for the following amount. This authorization is for a one time use only. I understand there is 3% credit card fee.

*BUSINESS NAME: _____ *ACCT #: _____

*CARD TYPE: VISA MC AMEX *CARD NUMBER: _____

*EXPIRATION DATE: _____ / _____
mm / yy *CVC SECURITY CODE: _____

PHONE NUMBER: (_____) _____

Area Code

BILLING ADDRESS: _____

**Street

City State **Zip

*NAME ON CARD: _____

EMAIL ADDRESS: _____

*NAME OF INDIVIDUAL AUTHORIZING PAYMENT: _____

I, the undersigned, do hereby authorize Wise Living, Inc. to **KEEP THIS INFORMATION ON FILE** and charge the above referenced credit card for future orders and agree to the payment terms and conditions outlined by the issuer in the credit card agreement.

Initials

I, the undersigned, do hereby authorize Wise Living, Inc. to charge the above referenced credit card for the following invoice(s)/order(s) **ONLY** and agree to the payment terms and conditions outlined by the issuer in the credit card agreement.

Initials

*Order(s)/Invoice(s) to be _____

AUTHORIZED SIGNATURE

DATE

****ALL SHADED AREAS ARE REQUIRED FIELDS****

Credit Department Notes and Instructions: _____