

PrimeMyBody Credit Card Authorization FormACCOUNT INFORMATION

Affiliate ID: _____

Affiliate Username: _____

First and Last Name: _____

Invoice Number: _____

Memo / Notes:

BILLING INFORMATION**Your Billing Information must EXACTLY match the information on the card you are using.**NEW SHIPPING ADDRESS IF APPLICABLE

Credit Card Number: _____

Name: _____

Expiration Date: _____ Verification Code: _____

Address: _____

Name on Credit Card: _____

City: _____

Billing Address: _____

State: _____ Zip Code _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

THIS FORM AUTHORIZES PRIMEMYBODY TO APPLY A ONE-TIME CHARGE TO MY CREDIT CARD (VISA OR MASTERCARD) FOR THIS FEE. THE CARDHOLDER AGREES TO NOT PROCESS ANY CHARGEBACK FOR ANY OF THE CHARGES ASSOCIATED WITH THIS FEE.

USD Amount: _____

Date: _____

Authorized Signature: _____

(hand written signature required)