



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN TO:

admin@borntoage.com or Fax to 707.921.7949. All information will remain confidential.

Business Name: _____

Name on Card: _____

Billing Address on Card: _____

Billing ZIP Code _____ State _____ Circle Credit Card Type: Visa MasterCard AMEX

Credit Card Number: _____

Expiration Date: ____/____/____ Card Identification Number (CVV): _____

Amount to Charge: \$ _____ (USD) Plus 2% Processing Fee

50% of ad cost is due at signing. Remaining balance may be paid in 6 monthly installments.

I authorize 5150 Brand, DBA Born to Age, to charge the amount listed above to the credit card provided herein.

I _____ (card holder) hereby represent that I have the authority and agree to this authorization. I understand that and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as an original and this Credit Card Authorization cannot be revoked. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____ Email: _____

Print Name: _____