



# Credit Card Authorization Form

Your completion of this authorization form helps us to protect you from credit card fraud. All information entered into this form will be kept strictly confidential by Interactive Life Forms, Inc.

1. Complete the form by printing legibly with a dark pen all billing and shipping information below.
2. Sign with the credit card holder's signature on the line indicated.
3. Fax the completed form to 512-912-5628.

I, \_\_\_\_\_ hereby authorize Interactive Life Forms, Inc. (ILF) to charge my credit card account in the amount of \$\_\_\_\_\_ (including shipping and/or taxes, where applicable).

**Type of Card:**    Visa    Mastercard    Discover    American Express

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_

### Credit Card Billing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Requested Shipping Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address listed above.

**Cardholder's Name:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fax completed form to 1-512-912-5628**