

**678-GOT-PAIN Credit Card Authorization Form**

Name on the Card/Check: \_\_\_\_\_

Card Number: \_\_\_\_\_

Type of Card: Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Street Address \_\_\_\_\_

Billing City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Charge amount \$ \_\_\_\_\_ monthly for \_\_\_\_\_ consecutive months or

\$ \_\_\_\_\_ for one time.

By signing this form, I authorize 678-GOT-PAIN to charge my card/bank account for the amount listed above. Any cancelation will be according to the terms of the signed agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE EITHER **FAX** THIS FORM TO **404-705-9942** **OR** **EMAIL** TO [info@678GotPain.com](mailto:info@678GotPain.com).