

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.