

**Natural Awakenings  
Credit Card Billing Authorization Form**

**Wayne County, MI Edition**

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healthylivingdetroit.com  
313-221-9674

**Please print this form and fax it back to us. FAX: 586-933-2557**

**DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL.**

**All requested information is required.**

I authorize Natural Awakenings to bill the card listed below as specified:

Amount \$ \_\_\_\_\_ frequency:  One Time \_\_\_\_\_

Monthly \_\_\_\_\_

Please charge my credit card (ONLY if NAPC does not receive my payment by the 23rd of the month prior to upcoming months issue.)

Start billing on: \_\_\_\_\_ End billing:  On contract expiration

(Today's date)

One time charge

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Natural Awakenings accepts the following credit cards: Visa & MasterCard.

Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3 Digit Code \_\_\_\_\_ (from signature line on back of credit card)

4 Digit Code for AmEx \_\_\_\_\_ (on front of card)

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