

Credit Card Authorization

This is to authorize Lapis Light Natural Health to maintain my VISA or MasterCard number on file. I understand that Lapis Light Natural Health will keep this number in strictest confidence. For my convenience, you will use this number to charge my supplements, mailed supplement orders, telephone consultation and other charges. I understand I do not need to reauthorize for each order. When this card expires, I will give Lapis Light Natural Health a verbal or written update. Of course, if my card is lost or stolen, I will notify you so that this authorization can be revoked.

Name (Please Print): _____

Credit Card Number: _____ *(All Digits)*

Expiration Date: _____

Signature: _____ Date: _____