

Health Choice Coupons

Credit Card Billing Authorization Form

www.HealthChoiceCoupons.com

HealthChoiceCoupons@yahoo.com

Fax 239-471-7467

Fill out this form completely and fax it back to us, do not send through email.

I authorize Health Choice Coupons to bill the card listed below as specified:

Amount \$

Credit Card Visa MasterCard American Express Discover

Credit Card #

Expiration Date

Name as it appears on credit card

Billing address for credit card

3-digit code _____ (from signature on back of credit card)

4-digit code for Amex _____ (on front of card)

Cardholders Signature

All invoices are sent via email