

**Natural Awakenings  
Credit Card Billing Authorization Form**

**Columbia Edition**

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**Please print this form and fax it back to us. FAX: (803) 753-8096  
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 \_\_\_\_\_

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, American Express.

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: \_\_\_\_\_