



Credit Card Authorization Form

Start Date: _____

Customer Name _____

Shipping Address _____

Billing Address (if different) _____

Daytime Phone _____ email: _____@_____

*I authorize Vitality Improvement Products to charge my credit card **monthly** for my product of choice to be shipped to me.*

Signature _____ Date _____

Expired credit cards may cause your payment to be declined.

Product of choice:

☐ **EDOX #60 Qty** _____ ☐ **Pomegranate # 60 Qty #** _____ ☐ **Rings Size** ____ / **Qty** _____ ☐ **Lubricant Qty** _____



Credit Card Payments

Name as it appears on card: _____

Credit Card Number: _____

Credit Card Mailing
Address: _____

Credit Card City, State and **Zip Code**: _____

Expiration Date: _____ CVV code: _____

Monthly Amount: \$ _____



Visit us at: www.vitalityimprovementproducts.com

- You can update the credit card expiration date by calling 877 643 6040 ext. 703.
- A new application form must be submitted to change all other credit card information.
- Please mail back the filled out agreement forms to:
 - 5150 N. Sixth Street # 129, CA 93710 or fax them to: 1-877-643-6040.

For any questions please call Customer Service at 877-643-6040 Ext. 0