



CREDIT CARD PAYMENT/AUTHORITY

This authority provides AJ Wellness with the approval to debit the credit card account shown below for the following purchase.

CONTACT DETAILS

Name: _____

Address: _____

Phone: _____ Email: _____

PRODUCT PURCHASE

Please mark the quantity number purchased in the section below.

Book ____ Recipe ____ Cards ____ Poster ____

Total Product Cost: _____

DELIVERY DETAILS

Delivery cost will be calculated based on your location.

Please provide delivery details below if it differs to your contact address stated above.

Name: _____

Address: _____

CREDIT CARD DETAILS

Card Type: Mastercard ☐ Visa ☐

Card No: _____ Expiry: ____ / ____

Name of Cardholder: _____

Cardholder Signature: _____ Date: ____ / ____ / ____

Thank you for your business. This form can be emailed to the address below for processing.