CREDIT CARD AUTHORIZATION

VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER ONLY

Authorization to purchase products and services from NEWEN® on a regular basis using the credit card and terms listed below, unless otherwise instructed in writing by the credit card holder.

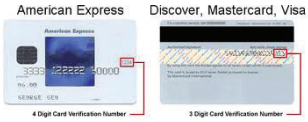
Type of Credit Card: _____VISA ____ MASTERCARD ____AMERICAN EXPRESS _____DISCOVER

Credit Cardholder's Name:_____
First Name *Middle Initial* *Last Name* *Suffix*

Credit Card Number: _____

Credit Card Expiration Date: Month: _____ Year:_____

CVV number (Card Verification Value): _____
(CVV on a credit card is a 3-4 digit number on VISA, MasterCard and American Express credit cards located either in the front or the back of the card).



Credit Card Billing Address

Street : _____

_____

City : _____ State : _____

Zip Code (Postal Code) : _____ Country: _____

Requested Shipping Address

Street : _____

_____

City : _____ State : _____

Zip Code (Postal Code) : _____ Country: _____

By submitting this form, I, the undersigned, understand and agree to the terms set forth in this agreement and hereby authorize NEWEN® to charge my credit card for the products provided and/or services rendered. All charges shall be in US Dollars. I further agree that should my credit card become invalid, I will provide NEWEN® with a new valid credit card to be put on file.

Cardholder's Authorized Signature: _____ Date: _____

Printed Name: _____

Please fax this completed form to: **+1-760-233-0068**

All information is kept confidential and used solely for the above noted purposes.

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