

Credit card Authorization Form

Credit card Authorization Form, Date: / / Company Name: _____

I am requesting that NSL LLC utilize the credit card listed below for any and all authorized charges for future orders of the magic plant products.

I allow NSL LLC to utilize the credit card for all charges related to and including the inventory, shipping and handling costs.

As an officer principal, principal partner, or authorized employee, and authorized signer of the credit card, I give NSL LLC permission to place charges as stated above ,on the below listed credit card.

Credit card Number:

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one: Visa , MasterCard , Discover , Diners club , AMX .

Expiration Date: / , Zip Code: , CVC Code .

Signature Authorized Signer: _____ Printed Name of Signer: _____.

Employees Authorized To use Listed Credit Card: _____.

A. Please provide a photocopy of the front and back of the credit card.

B. Please provide a photocopy of the front and back of the authorized signer's driver's license.

NSL LLC , DBA Magic Plants.

Phone: 1-877-801-9733, Fax: 1-866-807-8724, office@thepatentmagicplant.com , www.thepatentmagicplant.com

NSL is your business partner and always ready to support your business expectations in the most professional manner!!!