



CREDIT CARD RELEASE FORM

Please fax this completed form to: **714.258.8302**

Attn: Invoicing

Customer Number: _____

MasterCard

Visa

American Express (Not Accepted for Medicalia Orders)

CARD NUMBER: _____

EXPIRATION DATE: _____

NAME ON ACCOUNT AS IT APPEARS ON CREDIT CARD:

I UNCONDITIONALLY AUTHORIZE COSMOPRO TO CHARGE UP

TO: \$_____ ON MY CREDIT CARD FOR SKIN AND HEALTH CARE PRODUCTS.

AUTHORIZED SIGNATURE: _____

DATE AUTHORIZED: _____

AMOUNT (up to): \$_____