



MACKINGWELL, INC

316 MIRA LOMA AVENUE
GLENDALE, CA, 91204
(855)-345-6244

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please sign and complete this form and send a front and back copy of the credit card and the cardholder's Driver's License or ID to authorize MACKINGWELL, INC to make:

- A one time debit to your credit card listed below
- A standing CC authorization for future payments

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. Please complete the information below:

I, (full name) _____ authorize MACKINGWELL, INC to charge my credit card account indicated below for \$ _____ on or after (date) _____.

This payment is for _____.

CARD INFO & BILLING ADDRESS:

CITY: _____ STATE _____ ZIP: _____

EMAIL: _____ PHONE #: _____

CARD TYPE (circle): VISA MASTERCARD AMERICAN EXPRESS

CARDHOLDER NAME: _____

CARD #: _____

EXPIRATION DATE: _____

CVV2: _____

SIGNATURE: _____ DATE: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the good/services described above only, and is valid for one time use only if authorized for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. If I have selected to keep my information on file, I am aware that my information will be stored for future use.