



Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

**By signing this form,
I authorize LET'S GET PERSONAL to charge my card per
order.**

Signed: _____ Date: _____

Email form to: info@letsgetpersonal.co OR Fax to: 470-545-6792