



Credit Card Authorization

Today's Date: _____

Total Charges: **\$250.00**

Client Name: _____
(As it appears on card)

Client Address: _____

(Where bills are received)

Card Type: _____
(Visa, MasterCard, Am Express)

Credit Card #: _____

Expiration Date: _____

Shipping Address: _____

(If different than billing address)

Memo: **SAMPLE TRUST**
(Product Purchased)

Agent Name: _____

Client Signature: _____

I understand that there are no refunds on Sample Trusts.

Fax this form to (888) 330-0459