

ORDER # _____

CREDIT CARD AUTHORIZATION FORM

PLEASE CHECK ONE: NEW CARD UPDATE CARD

NAME OF ACCOUNT _____

IMAGE ACCOUNT NUMBER _____

PAYMENT METHOD: VISA MC AMEX DISCOVER

NAME ON CARD _____

CARD NUMBER _____

EXP. _____

CVC _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

I understand that my signature authorizes IMAGE International Manufacturing, LLC to keep the above credit card on file and all authorized contacts have authority to authorize charges to this card. _____ (initial)

I understand that my signature allows IMAGE International Manufacturing, LLC to process the above credit card for payment on the listed account(s). _____ (initial)

CARD HOLDER SIGNATURE _____ DATE _____

This form is to be filled out and signed. Please email to accountupdate@imageskincare.com.

By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Privacy Policy for customers, which is available at www.imageskincare.com/pages/policy.

All credit card authorization forms are to be completed by the account holder or authorized person on the account. All completed credit card authorization forms should be completed and emailed to the secure email address accountupdate@imageskincare.com or faxed to our secure fax at 561-791-2603. Please do not submit completed credit card authorization forms to any other email or fax numbers. Please transmit this form at least 24 hours prior to placing your next order or it may delay the processing of your order. All information is kept confidential and used only for the purposes as noted above.