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<b>Credit Card Authorization Form</b>	
<b>Invoice Number/s:</b>	<b>Payment: \$</b>
<b>Name That Appears on the Card:</b>	
<b>Credit Card Type (Check one):</b> <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
<b>Credit Card Number:</b>	<b>Expiration</b> ___/___/___ <b>CVV</b> _____
<b>Credit Card Billing Address:</b>	<b>City:</b> <b>State:</b> <b>Zip:</b>
<b>Contact Information:</b>	
<b>Name:</b>	<b>Title:</b>
<b>Email:</b>	<b>Phone:</b>

I hereby authorize Care Living Diagnostics Inc on the account above to charge the credit card listed above, for the amount of each order. The amount of each charge will be reflected on the invoice received from Care Living Diagnostics Inc, unless a dispute with respect to such invoice is advised to Care Living Diagnostics Inc, in writing within 3 business days of the receipt of the product(s) from Care Living Diagnostics Inc. This authorization shall continue until the listed credit card (or replacement thereof) expires or until you receive my written notification that this authorization has been cancelled.

**Owner or Authorized Officer Signature**

**Date:**

X \_\_\_\_\_

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