

im·bue botanicals™
credit card authorization form

NAME: _____
BILLING ADDRESS: _____

CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
EMAIL: _____

NAME ON CARD (IF DIFFERENT): _____
TYPE OF CARD: _____
NUMBER: _____
EXPIRATION DATE: _____
CVV#: _____
BILLING ZIP CODE: _____

WOULD YOU LIKE TO KEEP THIS CARD ON FILE FOR FUTURE ORDERS:

YES _____ NO _____

I authorize Imbue Botanicals to charge this credit card for the purchase of products on my order and as indicated yes above, I authorize Imbue Botanicals to charge this card on future orders I make.

Signed: _____

Date: _____