

Miami Li Inc.

5520 West Flagler Street, Suite B. Miami, Florida 33134

Tel: 305-266-3991

Fax: 305-266-5348

E-Mail: info@bodyartistic.com

www.bodyartistic.com

Credit Card Authorization Form

Name _____

Credit Card Billing Address _____

City/State/Zip _____

Tele _____ Fax _____ E-Mail _____

Name as appears on Credit Card _____

Credit Card No. _____ Exp Date _____

Include last 3 numbers that appear on the back of card above signature _____

MC/ VS/ AMEX/ DISC (Please Circle) *If AMEX, include 4 digits above CC#.

Is credit card to be utilized for all orders? _____ Yes or No (Please circle)

Comments _____

It is the cardholder's responsibility, and she/he hereby agrees, to notify Miami Li Inc., of any modifications to this request. All sales final: No refunds, returns or exchanges.

Amount of the order excluding freight charges: \$ _____

Date ordered: _____

I authorize Miami Li Inc. to charge the above amount to my credit card and I agree to pay according to my card issuer agreement.

Authorized Cardholder Name _____

Authorized Cardholder Signature _____ Date _____

*Shipping Address _____

*If different than billing address.

City/State/Zip _____

PLEASE FAX TO 305-266-5348