



INTERMOUNTAIN NUTRITION

CREDIT CARD AUTHORIZATION

● NAME ON CREDIT CARD: _____

● BILLING ADDRESS: _____

_____ ZIP _____

● CARD TYPE (PLEASE CIRCLE ONE): MASTER VISA DISCOVER AMEX

CARD NUMBER: _____ EXP: _____ CVV: _____

PAYMENT AUTHORIZATION

● I, _____ AUTHORIZE INTERMOUNTAIN NUTRITION TO
PROCESS A CHARGE AGAINST MY CREDIT CARD FOR \$ _____
TOWARDS INV _____ PLUS CREDIT CARD PROCESSING FEE OF 2.5%
FOR VISA/MASTER/DISCOVER AND 3.5% FOR AMEX.

● PO/REF#: _____

COMPANY NAME: _____

- A. THIS AUTHORIZATION IS FOR A ONE TIME CHARGE AS ABOVE
- B. THIS AUTHORIZATION IS VALID FOR THIS AS WELL AS FUTURE
TRANSACTIONS UNLESS REVOKED IN WRITING

● SIGNATURE OF CARDHOLDER: _____

DATE: _____

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