

Attention:

PLEASE FILL IT, SIGN AND FAX BACK. THANKS

Please fill in this form and fax it to 800-361-6307 or mail it to us. Thanks

INTREPID DISTRIBUTORS

PH: 800-263-6011 FAX: 800-361-6307

VISA

Master
Card

Card
Number

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Expiry
Date

MONTH

DATE

YEAR

Name on the
Card:

Issuing Bank:

I HEREBY AUTHORIZE INTREPID DISTRIBUTORS TO USE MY CREDIT CARD WHEN AUTHORIZED VERBALLY FOR THE FOLLOWING:

MULTIPLE PURCHASES

SINGLE PURCHASE

P.O.#

COMPLETE ONLY IF SINGLE PURCHASE

SIGNATURE: _____

DATE: _____

COMPANY: _____

PHONE: _____

ADDRESS: _____

FAX: _____

CITY: _____ PROV/ST _____ ZIP/CODE _____