

Credit Card Authorization and Consent Form

I, _____ hereby authorize

Healthy Body Services Inc. to charge my credit card, on a monthly (or weekly) basis as payment of the outstanding invoice/advance against my monthly orders of HBS Products. (A receipt for each payment will be provided to you and the charge will appear on your credit card statement. Maximum Credit card transaction not to exceed \$150,000)

I understand that

- All Sales are final
- No returns or refund

Type of Card Visa MasterCard Amex Other: _____(Specify)

Credit Card Number: _____

Expiration Date: _____

CVV Code: _____

Name of Cardholder: _____

Credit Card billing address: _____

Authorized Signature of Cardholder _____

Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Healthy Body Services Inc. in writing of any changes in my account information or termination of this authorization at least 45 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____

Date: _____

Notes: Please attach

1. Photo copy of front and back of credit card
2. Photo copy of one of below form of photo ID (Front and back where applicable)
 - Driver's License
 - Passport
 - Gym Membership
 - Health Card
 - Other (Please specify) _____