



CREDIT CARD AUTHORIZATION

I, the undersigned, hereby authorize VITA MARKETING LLC, A Florida Limited Liability Company, Located at 10305 NW 41 St. Suite 101, Miami, Fl 33178 to debit my Credit Card account listed below for the amount of \$ _____ (Tax Included)

Job Name:

Customer Name:

Last name:

Billing Address:

#

City:

State:

Zip:

Telephone:

Fax:

Cel.:

E- Mail:

Name that appears on the Credit Card:

Master Card:

Visa:

Discover:

Card #

Exp. Date (mm/yy):

Authorized Signature: _____

Date: _____

Copy of Driver License:

Copy of Credit Card

NOTE: All entrees must be filled out. The copies of the Driver License and the Credit Card of the Owner are REQUIRED to process your order.

This transaction will appear on your credit card statement as "VITAGRAPHICS.NET"

Tel: 305.470.1420 Fax: 305.470.14.22