

CREDIT CARD AUTHORIZATION FORM

I, _____ authorize **National Fitness Productions** to charge my credit card.

COMPANY: _____

___ BOOTH

REASON FOR CHARGE: _____

___ HEALTH

AMOUNT: \$ _____

___ OTHER

CREDIT CARD TYPE: _____

CREDIT CARD #: _____

SEC. CODE (on back of card): _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

BILLING ZIP CODE: _____

NAME ON CARD: _____

(As it appears on card)

SIGNATURE

DATE

SEND TO:

National Fitness Productions
Sydney Redisch
722 Americana Way #201
Glendale, CA 91210
FAX: (818) 230-0468
PHONE: (818) 945-5536
sydney.redisch@thefitexpo.com

NFP Notes Only:

