

CREDIT CARD AUTHORIZATION FORM

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

COMPANY: _____

___ BOOTH

EXPO/YEAR: _____

___ HEALTH

REASON FOR CHARGE: _____

___ OTHER

AMOUNT: \$ _____

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
Robyn Baer, Administrative and Sales Manager
722 Americana Way #201
Glendale, CA 91210
FAX: (818) 230-0468
PHONE: (888) FIT-EXPO or (888) 348-3976
robyn.baer@thefitexpo.com

NFP Notes Only:

