

Credit Card Billing

AUTHORIZATION FORM



Boston, MA Edition

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NaturalAwakeningsBoston.com

617-906-0232

Please print this form and fax it back to us. FAX: 877-907-1406

DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL.

All requested information is required.

Sunday, Sept 24 10am - 5pm

Reggie Lewis Center

1350 Tremont St, Roxbury Crossing, MA 02120

(Film Screening to follow 6-8:30pm)

I authorize *Natural Awakenings* to bill the card listed below as specified:

Amount \$ _____ Frequency: One Time _____

Business Name: _____

Contact Name: _____

Contact Phone #: _____

Natural Awakenings accepts the following credit cards: Visa, MasterCard, American Express.

Credit Card # _____ Expiration: _____

Name as it appears on Credit Card: _____

Billing Address for Credit Card: _____

City: _____ State: _____ Zip Code: _____

3 Digit Code _____ (from signature line on back of credit card)

4 Digit Code for AmEx _____ (on front of card)

Cardholder's Signature: _____ Date: _____

**natural
awakenings®**