

Credit Card Payment Form

InstantFigure Inc / Buy Insta Slim Inc.

17662 Armstrong Irvine, Ca 92614

Tel: (949) 263-2301 fax: (949) 263-2323

www.InstantFigure.com / www.instaslim.com

NAME OF COMPANY _____

Credit Card Type: Visa Master Card American Express Discover

Credit Card Number: _____

Expiration Date: _____ Security Code #: _____

Name on Card: _____

Billing Address for this Card:

Company: _____

Address: _____

City, State, Zip: _____

I hereby authorize Insta Slim Inc. to automatically charge my credit card for the total amount appearing on my invoices to the address listed above. Charges will be processed on the shipping date.

Signature: _____ Date: _____
(authorized signature)

Please fax back to 949-263-2323

Please check one of the following: keep card on file use only for one time purchase order