



## Credit Card Information Authorization Form

### Personal Information:

Full Name as a pear on the Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_ For \_\_\_\_\_ times.



I \_\_\_\_\_ (Print Your Name)

authorize Simona Yoga LLC and Dharma Devi (Simona Evoli) to charge my card for the amount specified above as well as for the number of times specified above.

Your signature: \_\_\_\_\_

Your printed name: \_\_\_\_\_

Date: \_\_\_\_\_