



Farsight International  
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Sedona, AZ 86336

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Click print once all the below forms are filled out below. Sign where it states for a customer signature and then fax this page to Farsight International with the fax number on the left. Once processed, Farsight International will charge your credit card and begin processing your order.

## Credit/Debit Card Authorization Form

I, (Card Holder), \_\_\_\_\_ hereby authorized Farsight International to charge my credit card in the amount of \$ \_\_\_\_\_

Credit Card Number: XXXX-XXXX-XXXX-\_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Card type:  Master Card  Discover  Visa  American Express(not accepted at this time)  
Name of the bank that issued the card : \_\_\_\_\_  
Credit Card toll free number: \_\_\_\_\_

Cardholder Billing Address (*as registered with credit card*):

Name as on card: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address (*if different from above*):

Name as on card: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing this Credit Card Authorization Form you (Cardholder) acknowledge that you have read, understood and agree to be bound by the terms and conditions of the Agreement set forth on our web site, and that you (Cardholder) are authorizing us to charge your credit card immediately upon receipt of the form properly signed by you.

Cardholder's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Order Reference Number (*if available*): \_\_\_\_\_

How did you hear about us: \_\_\_\_\_  
(click arrow for options)

All information entered on this form will be kept confidential by Farsight International in accordance with our privacy policy.

Thank you,  
Accounting Department