



Please sign the completed form and fax it to (561) 354-2744

Credit Card Purchase Confirmation

Cardholder name: _____
FIRST NAME/LAST NAME

Cardholder address: _____
STREET/CITY/STATE/ZIP

Card ending in: _____ _____
LAST 4 DIGITS OF THE CREDIT CARD NUMBER EXPIRATION DATE

Purchase Amount: \$ _____ Inv. number: _____

I hereby authorize Nationwide Synergy, Inc. to charge my credit card for the specified purchase amount indicated above. I certify that I am the authorized holder and signer of the credit card referenced above, and understand that this order is binding. Furthermore, I understand that Florida State Law prohibits prescription drugs from being returned under any circumstances.

_____ _____
Card Holder Signature Date

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