


Your **Vital Marketing** Worksheet

Customer Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Approval and Notification Contact

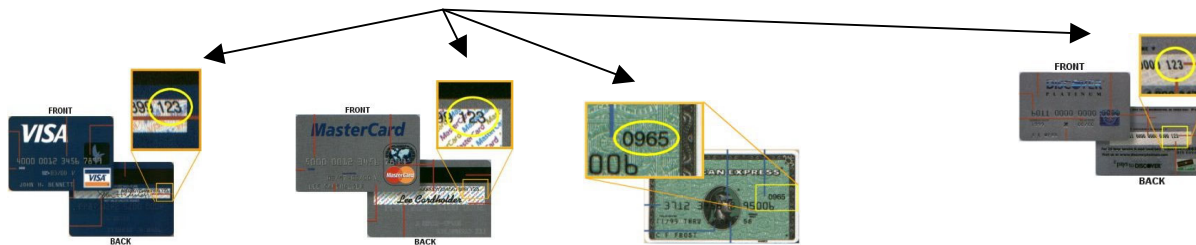
Selected _____ Fax (_____) _____ Selected _____ Email _____

Payment Account

VISA MasterCard American Express Discover/Novas

Credit Card Number: _____ **Expiration Date*:** ____/____

Card Verification Number* _____ (3 or 4 digit code on your card – see below)



*For greater security you can send the Expiration Date and/or Card Verification Number via a separate fax, email or voice message.

Name on Card: _____

Card Billing Address: _____

Card Billing Zip Code: _____

By signing below Customer agrees to Vital Marketing's Service Agreement and authorizes charges to the Payment Account listed above.

Authorized Signature: _____ **Date:** _____

Please fax completed worksheet to (707) 780-0249