



Mineral Medix Corp.
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Canada

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Credit Card Authorization – Payments to Mineral Medix Corp.

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Company Name: _____

Cardholder Name: _____

Billing Street Address: _____

Billing Postal Code: _____

Credit Card Number:

Expiration Date: /
Month / Year

Security Number (CVV):

I, _____, authorize Mineral Medix Corp.
to charge my credit card above for agreed upon purchases. I understand that my
information will be saved to file for future transactions on my account.

Customer Signature: _____

Date: _____

