



5595 Equity Ave. Suite 500, Reno, NV 89502
Ph: (775) 335-4700 Fax: (775) 335-4750

CREDIT CARD FORM #1070

This form must be completed and signed by the cardholder and mailed to Omnitrition. Please review Rule F-21 of the Omnitrition Rules and Regulations for proper use of this form.

I _____ have authorized for
Cardholder Name

_____ To use my
Distributor Name Social Security Number

_____ For purchasing of
Visa, MasterCard, American Express or Discover Number Expiration Date

Omnitrition products and literatures ONLY.

I am not an Omnitrition IMA. I am the owner of the credit card listed above. The above person will have the rights to use my credit card until Omnitrition receive and accepts a notarized letter rescinding the use of my credit card or until the expiration date on the credit card. This rescission must be mailed by CERTIFIED MAIL to Omnitrition.

Cardholder Print Name

Cardholder Signature Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to me before this _____ day of _____, _____ .
Date Month Year

Signature Notary Public

For the state of

My commission expires the _____ day of _____, _____ .
Date Month Year