

CREDIT CARD AUTHORIZATION FORM

 INM Crystal

* Confidential *

I hereby give INM Crystal, Inc. permission
to use my credit card.

**2463 QUANTUM BLVD.
BOYNTON BEACH, FL 33426**

**PHONE : (561) 734-2101
FAX : (561) 734-2321**

**EMAIL
info@inmcrystal.com**

Credit Card Number: _____

Expiration Date: _____

This is for payment of merchandise purchased by: _____

Name of Company: _____

Name on Credit Card: _____

Signature: _____

Date: _____

**PLEASE FAX THIS FORM AND A FRONT AND BACK COPY OF
YOUR CREDIT CARD TO
(561) 734-2321**

Thank you for your order.
All information will be held in the strictest confidence.