



15600 NE 8TH • SUITE 1993
BELLEVUE, WA 98008

TEL: 206-547-1411
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Credit Card Authorization Form

I, _____ herby authorize Feel Good Networks, Inc.
to charge my credit card account.

Payment Method: ® Visa ® Mastercard ® American Express

Credit Card Number _____ Expiration Date _____ / _____

CVV2 code: (Located at the back of your VISA or MC - the last 3 digits, 4 printed digits on front of AMEX) _____

Credit Card Billing Information:

Name on Card: _____

Company Name: _____

Address: _____

City _____ State _____ Zip Code _____

Cardholder's Telephone (____) _____

® I authorize Feel Good Networks to charge my above credit card to pay for my CG Storefront
Services invoice at the time my account balance reaches it's credit limit.

Cardholder's Signature _____ Date _____

