



RICHWAY INTERNATIONAL INC.

1314 S. King Street 520 Honolulu HI 96814
Tel: (808) 589-2800 Fax: (808) 597-1651 www.richwayusa.com

THIRD PARTY CREDIT CARD AUTHORIZATION FORM

(For Diamond and Royal Family Members Only)

Please use this form to authorize credit card payment.
Complete all the required information, sign and submit by fax or email.
Fax: 808-597-1651 Email: customerservice@richwayusa.com

Print clearly and submit this entire form with the order form.

I _____ (*sponsor*) hereby confirm that I am a Richway Distributor and agree to take full responsibility (no disputes) for this shipment. I am authorizing Fuji Bio Science, Inc. to charge \$ _____ (*amount*) for RI# _____ (*Richway Invoice No.*) to be shipped to the following address:

Name of customer: _____

Street: _____

City: _____ State: _____ Zip: _____

Sponsor's credit card information:

Card Type (circle): Visa MasterCard American Express Discover

Card Holder Name

Credit Card Number

Expiration Date

Security Code

Card Holder's Billing Address

City

State

Zip

Card Holder Signature

Date

***Credit card will be charged only (1) if the sponsor is paying for the order or (2) in the case of a dispute to the order indicated on this form.