Kalola Wax and Soap Company

Credit Card Authorization Form

I, _____ of _____

CARDHOLDER NAME COMPANY NAME

authorize Kalola Wax and Soap Company to charge the following credit card for all outstanding balances as outlined and agreed upon for _____**pre-payment**_____in the Kalola Wax and Soap Company Terms and Conditions sheet.

TERM TYPE

_____ _____ _____

NAME ON CARD CREDIT CARD NUMBER EXPIRATION DATE

_____

COMPLETE BILLING ADDRESS

_____ _____

CARDHOLDER SIGNATURE DATE

PO Box 1114 Malibu, CA 90265 :: (866) Kalola6 *ph* :: (866) FAX-KALOLA *fax* :: www.kalolawax.com :: info@kalolawax.com