



CMD FOUNDATION, LLC.
6802 PARAGON PLACE, SUITE 410, RICHMOND VA 23230

CREDIT CARD AUTHORIZATION FORM

DATE _____

CUSTOMER NAME _____

CREDIT CARD TYPE _____

EXPIRATION DATE _____

CREDIT CARD ACCT # _____

CREDIT CARD SECURITY CODE: _____

AMOUNT \$ _____

PRODUCT/SERVICE _____

INVOICE #: _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print) authorize
CMD Foundation, LLC. to charge the above credit card for all purchases posted to my
account. The charges will appear as CMD Foundation, LLC.

Cardholder's Signature

PLEASE FILL OUT & FAX THIS TO +1 (888) 369-5660