

# VIBRASLIM

## Financing Application

Fax this form back to 1-877-888-4272 (toll free)

Name: \_\_\_\_\_

Company: \_\_\_\_\_ (if applicable)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employed Since: \_\_\_\_\_

Employer Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Payment Information

Credit Card Type: VISA    Master Card    (choose one)

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV: \_\_\_\_\_  
3 digit code on back of card

Purchase Amount: \$ \_\_\_\_\_ Downpayment: \$ \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Amount to Finance with Monthly Payments: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ for \_\_\_\_\_ Months.

## Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize VibraSlim, to make the downpayment and monthly charges to my credit card listed above. If VibraSlim is unable to process my monthly payment I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until the final payment is made. By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_ 2010