

# Charisma, Inc.

102 Treehaven Blvd.  
Lafayette, LA 70506  
(337) 993-0209

I, \_\_\_\_\_ hereby authorize Charisma, Inc. to charge my

credit card for (circle one):

DEPOSIT

PAYMENT

BALANCE DUE

PURCHASE

TYPE OF CARD (circle one):

VISA

MASTERCARD

DISCOVER

AMEX

Name on Credit Card:

\_\_\_\_\_

Credit Card Number:

\_\_\_\_\_

Expiration Date:

\_\_\_\_\_

Security Code:

\_\_\_\_\_

Credit Card Billing Address:

\_\_\_\_\_

\_\_\_\_\_

TOTAL AMOUNT TO BE CHARGED: \$ \_\_\_\_\_ \$(US dollars)

Authorized Signature of Cardholder:

\_\_\_\_\_

By signing this, I acknowledge the charges described on this form, assume full responsibility for said charges, and agree to honor and abide by the terms of payment. I acknowledge and accept Charisma's Terms and Conditions

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date