

NEFFUL USA Inc. 美國妮芙露公司

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NEFFIIL

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CREDIT CARD AUTHORIZATION FORM

Name of Applica	ant	Distributor No.	
申請人姓名		直銷商編號	
Email Address		Contact No.	
電子郵件地址		聯絡電話	
Mailina Adduses			
Mailing Address			
通訊地址			
	I,(Name) authorize Nefful USA to charge \$		
	(Name) authorize Nehal Govern		
	to my credit card		
	cvv# expiration date: /		
	expiration date.		
	for the purpose of buying Nefful product from Distributor Name:		
	Distributor Number SO#		
	Distributor Number 50#		
Print Name:			
Card Holder's	Signature	Date	
	EOR OFFICIAL US	E ONLY I 公司專用	
FOR OFFICIAL USE ONLY 公司專用 Remarks 備註			
INCHIAINS 開記	_		
Staff In-Charg	e 經辦人 Head of Department 音	IT Department 資訊部	
Clair III-Oriary	O MEZIZITY Tread of Department E		