



**CBDinnovation Credit Card Authorization Form-
Donation**

844.2.FINDCBD 844.234.6322 orders@cbdinnovation.com

Date: _____

Card Holder's name: _____

Company Name: _____

Billing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Card Type: Visa Master Card American Express

Card Number: _____

Expiration Date: _____ CVC#: _____

Total to be charged to the card: _____

Authorized Signature: _____ Date: _____

Name Printed: _____

**Upon completion, please email form to orders@cbdinnovation.com and you will receive confirmation that your donation has been received.