



Credit Card Order Form
Please Print

Name as it appears on card: _____

Billing Address

Street: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Type of Card: Visa ___ MC ___ AMEX ___

Phone Number: _____

I authorize PeopleSmarts to charge my credit card.

Card Holder's Signature: _____ Date: _____

Fax Attn: PeopleSmarts, Meagan Nielsen | 801.839.3405
Mail to: PeopleSmarts, 198 W 7200 S, Midvale UT 84047