

Natural Awakenings Subscription Mile High Edition

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Please print this form and fax it back to us. FAX: 303-991-6892
DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL.
All requested information is required.

I authorize Natural Awakenings to bill the card listed below as specified:

Amount \$ _____ frequency: One Year \$30
 Two Years \$60
 Please charge my credit card

Start billing on: _____ End billing: One time charge
(Today's date) Charge beginning of each year

PLEASE CIRCLE ONE: Visa, MasterCard, American Express.

Credit Card # _____ Expiration: _____

Name as it appears on Credit Card: _____

Billing Address for Credit Card: _____

City: _____ State: _____ Zip Code: _____

3 Digit Code _____ (from signature line on back of credit card)

4 Digit Code for AmEx _____ (on front of card)

Cardholder's Signature: _____

Credit Card Authorization

I understand and agree that (my account) all of the fees associated with the subscription I have requested to be provided by ZerbWell, Inc., d/b/a/ Mile High Natural Awakenings are due and payable when billed and I authorize Mile High Natural Awakenings to charge to my credit card (listed above) up to the amount of the contract for the subscription I have requested.

Collection and Attorney Fees

I understand and agree that if I do not pay ZerbWell, Inc. for the subscription I have requested and my account is assigned to a collection agency or placed with an attorney for collection, or the collection of my account is otherwise enforced by law, all collection fees (not to exceed 50% of the outstanding balance of my account) payable by ZerbWell, Inc. to the collection agency or to ZerbWell, Inc.'s attorney for the collection of my account, together with reasonable attorney fees, prejudgment interest, post judgment interest and costs shall be included in any judgment obtained against me. I understand and agree that the collection fees payable by me that are in addition to my account balance are payable by me to insure that ZerbWell, Inc. is made whole on my debt and not as a penalty. I also agree to pay all costs associated with the execution of any judgment obtained against me.

Interest on Account Balances

I will pay all fees and charges upon receipt. I agree to pay interest on any unpaid balance of one and one half percent (1½%) per month which is eighteen (18%) per year.

Severability

Should any provision of this agreement be declared invalid for any reason, all remaining provisions shall remain in full force and effect.

Publisher reserves the right to reject any subscription.

By signing, you agree that this is a legal and binding agreement and that you are authorized to sign this document.