



PROCESSING FORM

AMOUNT TO CHARGE: \$ _____

I authorize New Beginnings Incorporation to charge the agreed amount listed above to my credit card herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

CARD TYPE (check one): Visa MasterCard Discover

American Express

CREDIT CARD #: _____

CVN Security # (on back of card) _____

EXPIRATION DATE: _____ / _____

NAME (as it appears on the card): _____

BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE NUMBER: _____ - _____ - _____

SIGNATURE: _____

DATE: _____ / _____ / _____