

Payment Method	Authorization
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	<p>I authorize Neora to charge the named account for the purchase option selected. I understand that Neora will apply applicable taxes and shipping and handling charges to my order. An Auto-Delivery Order is included in this purchase option. I authorize Neora to ship/charge for these products monthly. Cancellation must be submitted in writing at least five (5) business days prior to the Auto-Delivery Order billing cycle date. I understand that all financial transactions are in U.S. dollars. I hereby attest that I am 18 years of age or older and have the legal capacity to enter into binding agreements. My signature below indicates that I have carefully read and understand the Terms of Agreement, Privacy Policy and Refund Policy, and I am willing to accept the terms and conditions herein.</p> <p>Signature: _____ Date: _____</p> <p>To enroll via email, please scan or take a photo of your application and send to enrollments@neora.com.</p>
Card Number:	
Exp. (mm/yyyy): CVV:	
Name on Card:	
Billing Address:	
City: State: Zip Code:	
Signature of Cardholder (required):	

All amounts shown are in U.S. dollars unless specified differently.

