dōTERRA

Dear Sir or Madam, I, (Name)______ WA ID_____ hereby authorise (Name) ______, WA ID_____ period of time _____, for the following: Usage of My Account To purchase doTERRA products and services on my behalf. **Credit Card Usage** Bearer of credit card Visa/MasterCard/Amex Number ______ CVV_____ with expiry date___/___, hereby authorize doTERRA to charge my credit card upon initiation from (Name) ______, holder of NRIC _____ for the purchase of doTERRA products. **AR Balance Charging** To purchase doTERRA products on my behalf using my AR. I understand and accept that this authorization will be only and generally used under my own requests. Name and Signature Contact No: Date: _____/____