

dōTERRA®

Date _____

dōTERRA Enterprises Singapore Pte. Ltd.
8 Temasek Boulevard
Suntec Tower 3 #04-01
Singapore 038988
Tel: +65 6801 6900
Email: singapore@doterra.com

Dear Sir or Madam,

Re: Authorization for Credit Card use

I, (Name) _____, NRIC _____, bearer of
credit card Visa/MasterCard/Amex number _____ CVV:

_____ with expiry date _____, hereby authorize dōTERRA Enterprises Singapore to charge
my credit card upon initiation from: (Name) _____, holder of NRIC:
_____ for the purchase of dōTERRA products and services for the period of _____
months.

I understand and accept that this authorization will be only and generally used under my own
requests.

Thank You.

Yours sincerely,

(Name: _____)

(Wellness Advocate ID: _____)

(Contact No: _____)