



Account Usage Authorization Form

Dear Sir or Madam,

I, (Name) _____ IC# _____

hereby authorise (Name) _____ IC# _____

period of time _____, for the following:

☐ **Usage of My Account**

To purchase dōTERRA products and services on my behalf.

☐ **Credit Card Usage**

Bearer of credit card Visa/Mastercard Number _____

CVV _____ with expiry date ____/____/_____, hereby authorize dōTERRA to charge my credit card upon initiation from (Name) _____, holder of NRIC _____ for the purchase of dōTERRA products.

☐ **AR Balance Charging**

To purchase dōTERRA products on my behalf using my AR.

☐ **Product Collection**

To collect dōTERRA products on my behalf at dōTERRA Product Center.

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

Name and Signature

Wellness Advocate ID: _____

Contact No: _____

Date: ____/____/____

Updated 11022020