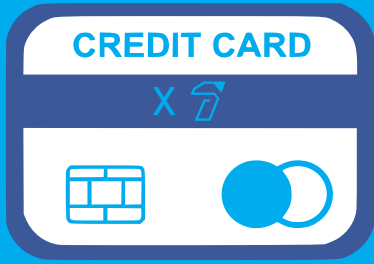


One Time Credit Card Authorization Form



CARDHOLDER INFORMATION

Company /Name:

Billing Address:

City/State/ZIP:

Phone or Email:

Date:

CREDIT CARD INFORMATION

Account Type:

Visa

MasterCard

American Express

Discover

Cardholder Name:

Account Number:

Expiration Date:

CVV2 (digits):

VERIFICATION

Signature: _____

Date: _____

Payment purpose: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the purpose stated above, for the amount indicated above only, and is valid for one-time use only.