

CREDIT CARD CHARGE AUTHORIZATION AGREEMENT

I,, the holder of (check one, please):
VISA MasterCard American Express Discover
Card Number: and expiration date
/ hereby authorize PrepaidOnline.com to charge the amount of \$
representing a payment for
I have read this entire agreement and understand that I will be held fully responsible for its terms and charges and I agree that all sales are final and that there are no refunds whatsoever.
Cardholder:
CVV # (on back of card):
Signature:
Company:
Address:
City, State, Zip:
Telephone: ()
Date:/

Fax this completed form to the PrepaidOnline.com Accounting Direct Fax: 1+404-671-9475 or email to support@prepaidonline.com