

Alexander Almonte Esq.

i Incorporate -- AmeriChoice Incorporators Ltd

Tel. (800) 378-0804; (518)689-1212; Fax (518) 432-0742

CREDIT CARD AUTHORIZATION FORM

I authorize to charge my credit card for the following:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total charge authorized _____ \$ _____

Corporate Name _____

Name (as listed on the credit card): _____

Billing Address _____

City _____ State _____ Zip code _____

Telephone: _____ Fax _____

MASTER CARD VISA AMEX DISCOVER

Card Number: _____

Expiration: _____ CRV _____

Signature: _____

Date: _____

****By signing this form I hereby authorize i Incorporate. to charge to my Credit Card Account the costs incurred to process this order. I also agree to pay the above total amount according to the card issuer agreement.***

119 Washington Ave., Ste 101, Albany, NY 12210
2472 McDonald Avenue, Brooklyn, NY 11223
1201 N. Orange St., Suite 762, Wilmington, DE 19801
Web: <http://www.i-incorporate.com>

