## 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 th | ne following: |          |
|-------------------------|-----------------------|---------------|----------|
|                         |                       | \$_           |          |
|                         |                       | \$_           |          |
|                         |                       | \$_           |          |
|                         |                       | \$            |          |
| Total charge authorized |                       |               |          |
| Corporate Name          |                       |               |          |
| Name (as listed on the  | credit card):         |               |          |
| Billing Address         |                       |               |          |
| City                    | State                 | Zip code      |          |
| Telephone:              | emai                  | 1             |          |
| 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.

