880-916 WEST BROADWAY VANCOUVER, BC V5Z 1K7 604 408 7480 TELEPHONE 604 408 9480 FASCIMILE 866 408 7480 TOLL FREE

Credit Card Authorization Form

| l, | , herby authorize Dynawo | x to charge my credit ca | rd |
|---|---|--|---|
| account on the 15 th of each month sent directly to Dynaworx specifyi | , herby authorize Dynawor h for all and any outstanding invoic ing other desires. | es, unless written notice | is |
| () Visa () Master Card | | | |
| Credit Card Number | | | _ |
| Expiration Date/ | Verification Code | THE CONTRIBUTION OF THE PROPERTY OF THE PROPER | Last 3 digits on the back of the card |
| Company Name | | | |
| Card Holders Name | | | |
| | | | |
| Billing Address: | | | |
| Street | | | |
| City | Postal Code / Zip | | |
| Country (if not Canada or US) | | | |
| Telephone () | | | |
| Fax () | | | |
| Card Holders Signature | | | |
| If this is a one time charge and no | ot to be charged again please chec | k here () | |

Please also include a photo copy of both front and back of credit card.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Dynaworx will keep all information entered on this form strictly confidential.

HIGH PERFORMANCE WEB SOLUTIONS