

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize BZB Express Inc. to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

CUSTOMER NAME: _____

MASTERCARD VISA DISCOVER AMEX

CREDIT CARD # _____ EXPIRES ____/____ CSV _____

COUNTRY WHERE CARD WAS ISSUED _____

I UNDERSTAND THAT MY SIGNATURE ON THIS CONTRACT WILL SERVE AS MY AUTHORIZED SIGNATURE ON THE CREDIT CARD SLIP

NAME ON CREDIT CARD

COMPANY NAME

BILLING ADDRESS OF CREDIT CARD

CITY, STATE, ZIP CODE

PHONE NUMBER

FAX NUMBER

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize BZB Express Inc. to charge my credit card, for the products provided. BZB Express Inc. will provide me with an Invoice statement detailing all of my charges.

AUTHORIZED CARD HOLDER'S SIGNATURE

DATE

Please email or fax signed & completed form directly to the credit department. Secure fax number: 1.916.246.6258