

ALCOR BRANDS, INC.
Credit Card Authorization Form

Date
[]

F9003
REV 09-10-2012

Instructions: Please fax back to Alcor Brands, Inc. at **+1 (786) 523-0607**.

Customer Name: [] Account Number: []

Cardholder Name: []

Credit Card Type: VISA MasterCard American Express Telephone Number: []

Credit Card Number: [] Expiration Date: (mmyyyy) [] Security Code: []

e-Mail: []

Billing Address: []

City: [] State: [] ZIP: []

Invoice Number [] Invoice Amount: []

Invoice Number [] Invoice Amount: []

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Invoice Number [] Invoice Amount: []

I HEREBY AUTHORIZE ALCOR BRANDS, INC. TO CHARGE MY CREDIT CARD FOR THE AMOUNT LISTED HERE.

Amount Total to Charge:
[]

Signature
[]