BiX International Inc.

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Credit Card Authorization Form

CREDIT CARD INFORMATION

CREDIT CARD NUMBER: _				EXP DATE:
CVV2: _				
TYPE OF CREDIT CARD	VISA	MASTERCARD	AMEX	: DISCOVER
CARDHOLDER'S FULL NAM	E:			
CORPORATE NAME: (IF BUS	INESS CAR	D)		
CARDHOLDER'S BILLING A	DDRESS: _			
	_			
CITY:		STATE: _		ZIP:
COUNTRY:				
PHONE #:		FAX #:		
Transaction Description: _				
_				
_				
Total charge amount: US	\$		_	
absolutely and uncondition	ally guarar	ntee payment. I am fu	ılly aware tha	or the total amount listed above. I it my credit card is being charged. I will purchase.
Signature of Car Holder			/ / /	
Print Name				