

Credit Card Authorization & Purchase Agreement

Credit Card Type: Visa MasterCard Discover AMEX

Name: _____
Please print the name appearing on the credit card

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Card Number: _____ Expiration Date: _____
Month / Year

Telephone: _____ Email: _____

I have read and agree to the Terms & Conditions (<http://www.shockwatch.com/terms-and-conditions/>) and certify that all information provided is true and complete and intend to be legally bound hereby, enter into this "Credit Card Authorization & Purchase Agreement" on behalf of Applicant and authorize ShockWatch, Inc to charge the above named credit card for purchases of Applicant.

APPLICANT: _____
(Name of Company)

By: _____ Date: _____
(Signature of Card Holder)

By: _____ Title: _____
(Print Name) (Job Title with Applicant)