

---

# WHITE POINT GROUP INC.

---

*New York*

## CREDIT CARD AUTHORIZATION FORM

---

---

Please obtain cardholder's signature on this form and return with copy of both sides of the credit card and card holder's driver license or other proof of signature in order to verify authorization.

I hereby authorize White Point Group Inc. to charge my credit card(s) for consulting and/or other services provided to me in the amount listed below, the issuer of this card is authorized to pay the amount (together with any other charges due there on) subject to and accordance with the agreement covering the use of such card.

Service Date(s) : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
To : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Amount : \_\_\_\_\_ (In USA Dollar)

Service Type : \_\_\_\_\_

Credit Card Type : Amex Visa Master Discover

Name on the card : \_\_\_\_\_

Account No. : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Security Code : \_\_\_\_\_ (Last group of numbers following account number on the back of your credit card)

Exp. Date : \_\_\_\_\_/\_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_