**Credit Card Authorization and Consent Form**

I,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize

HBS International Corp. to charge my credit card, on a monthly (or weekly) basis as payment of the outstanding invoice/advance against my monthly (pending) orders of HBS Products. This amount may vary from month to month.

This authorization is in effect until expressly withdrawn.

Type of Card      ****  Visa    **** MasterCard **** AMEX

Credit Card Number:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date & CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature of Cardholder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honour and abide by the terms of payment

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: Please attach

1. Photo copy of front and back of credit card
2. Photo copy of one of below form of photo ID (Front and back where applicable)

* Driver’s License
* Passport
* Gym Membership
* Health Card
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_