



CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and fax it to our office on +971 4 398 9729 or by email at authorization@gomasterkey.com. Please note: It is Masterkey's policy not to process credit card payments totaling more than USD \$3,500. For all transactions totaling more than USD \$3,500, please contact your Masterkey account manager.

Customer Information

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Customer Name: _____
Last First Middle

Company: _____

Business Phone Number: _____

Email Address: _____

Card Details

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Cardholder Name (as it appears on the card): _____

Billing Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

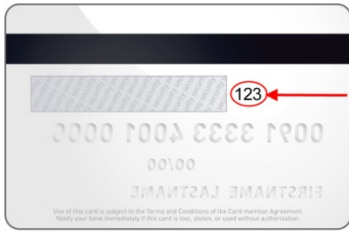
Credit Card Type: (Please Select)

- Visa
- Mastercard
- AMEX

Card Number: _____

Card Expiry Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Card
Identification
Number

Invoice No. _____ Amount: \$ _____ (USD)

Acknowledgement

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I, _____, hereby authorize Masterkey Computer Systems, LLC, to charge my credit card account the amount shown above. I agree to be bound by Masterkey Computer Systems, LLC policies, terms and conditions, and instructions for this transaction. I have read and understood the Masterkey End User License Agreement and fully understand the payment is non-refundable. I also hereby declare that I am above 18 years of age.

I agree that Masterkey Systems LLC, may accept a facsimile or electronic copy of my signature, which will be treated as an original and will be admissible as evidence of this Credit Card Authorization.

Authorized Signature of Cardholder

Printed Name of Cardholder

Date