

## Credit Card Authorization Form

Account:		Date:
indicated on, or	after, the indicated date. This is permi	rmission to debit your account for the amount ission for all ongoing bag purchase transaction hal unrelated debits or credits to your account.
Please Compl	ete Information Below:	
I account indicate Retail Sales Agree	ed below for the appropriate correlating	BullBag Corporation to charge my credit card ag amount of the initial order outlined within the
Billing Informa	ition:	
Name On Co		
Billing Addr	ess	
City, State &	Zip	
Pho	one	
Em	nail	
Account Type	:	
Visa, MC, AM	1X, Discover	
Account Infor	mation*:	
Account Nur	nber	
Expiration [	Date	
Security C	ode	
*if card listed is declir card agreement app		ate is provided via telephone or other method, this credit omer agrees to complete and provide a new credit card
Authorized Sig	ynature	
Print Name		
Title		
Date		Initial
Sign & Initial		
	<u> </u>	

I agree that the signature and initials typed in above will be the electronic representation of my signature and my initials for all purposes when I use them on documents or legally binding contracts. Just the same as pen-and-paper signature or initial.

I authorize the above named business to charge the credit card indicated in the authorization form according to the terms outlined above. This payment authorization is for the goods and services described above, for the amount associated with the disposals or bag receipt and is valid for that use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.