

World Exchange, Inc.

11205 S La Cienega Blvd Los Angeles, CA 90045 310-670-5800

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize World Exchange, Inc. to make a one time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account. Please note that there is a 2.75% fee for swiped transactions and a 3.5% + \$0.15 fee for credit card numbers not swiped through a reader.

| To be completed by Wo | rld Exchange: | | |
|---|---------------------------|--------------------|---------------------|
| authorize World Exchange, Inc. to charge my credit card (Name: Individual/Company) | | | |
| | | | This payment is for |
| (Invoice Number & Description | of goods/services) | | |
| Billing Address | | Phone# | |
| City, State, Zip | | Email _. | |
| To be completed by Clie | ent: | | |
| Account Type: | ☐ MasterCard | ☐ AMEX | Discover |
| Cardholder Name | | | |
| Account Number | | | |
| Expiration Date | | | |
| CVV2 (3-digit number on bac | k of Visa/MC, 4 digits on | front of AMEX) | |
| SIGNATURE | | | DATE |
| DRINTED NAME | | т | TTI F |

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time 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.