



KSI TRADING CORP.

D/B/A _____

100-A Wade Avenue • South Plainfield, NJ 07080

Phone: (908) 754-7154 • Fax: (908) 754-7150

ISO 9001:2000 Certified Company

Credit Card Authorization Agreement

Customer Name: _____ Customer ID# _____

Cardholder Name: _____

authorize KSI Trading Corp. to use the following credit card to pay for service rendered.

Credit Card information:

VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER _____

CARDHOLDER BILLING ADDRESS: _____

CARD # _____ SECURITY CODE _____

****on the front/back of the card****

EXPIRATION DATE: _____ CARD ISSUED BANK: _____

Charge frequency: (please check all that apply)

DAILY _____

WEEKLY: _____

MONTHLY: _____

ONE TIME ONLY _____

KEEP CARD ON FILE... Yes _____ NO _____

TELEPHONE # _____

FAX #: _____

AUTHORIZED SIGNATURE: _____ Date: _____

DRIVERS LICENSE# _____ STATE _____

BEGINNING TRANSACTION DATE: _____

The information contains in this agreement will be temporarily kept in a secure place with limit authorized access and will be destroyed if business relationship has been terminated or payment method changed.