

Credit Card Authorization Form

Please complete all fields.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ Security Code(CVC):_____
Cardholder billing address:	_____

I, _____, authorize Kiteng Inc to charge 50 dollars of my credit card above for agreed upon the monthly fee of Dropshipping.

Customer Signature

Date