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CERANET INC. ONE-TIME CREDIT CARD AUTHORIZATION FORM

I authorize CeraNet, Inc. to charge the credit card listed below.

Amount: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Street: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Method:  Visa  MasterCard  Amex

Name as it appears on the credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I agree to the terms set forth in this document and hereby approve the release of the funds to CeraNet, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_