Client Name: _____ _____   Client DOB: _____
               (Last)   (First)   (MM/DD/YYYY)

Partner Name: _____ _____   Partner DOB: _____
(If applicable)   (Last)   (First)   (MM/DD/YYYY)

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. By signing this form, you give Xytex permission to debit your account for the amount indicated (US Dollars) 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.

I, _____ , authorize Xytex to charge my credit card account indicated below for
    (Cardholder's full name)

$ _____ on _____ .
   (Amount US $)   (Date)

This payment is for _____ .
                (Description of Service / Invoice #)

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card):
Card Number:
Expiration Date (MM/YY):
CVV:
Billing Address:

I authorize Xytex to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services/invoice# described above, for the amount indicated above only, and is valid for one (1) time use only. **I understand the charge will be in US Dollars and the amount will be reflected as such on any bank/credit card statements.** 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.

_____   _____
(Cardholder Signature)   (Date Signed)