



Credit Card Authorization Form

I, _____, hereby authorize SaveInstant Trading, Inc.

to charge my credit card account in the amount not to exceed: US\$_____.

() VISA () MasterCard

Website Order Number: _____

Credit Card Number: _____

Expiration Date: ____ / ____ CVV Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: _____

Telephone: () _____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

Cardholder's Signature _____/____/____
Date

IMPORTANT: Completed application must be sent accompanied with following supporting documents:

- Copy of Front and Back of your credit card
- Copy of Photo ID (driver's license)
- Copy of utility bill as a proof of billing address

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. SaveInstant, Inc. © will keep all information entered on this form strictly confidential.