



Mailing address only:

750 Alma Lane #100

Box 8207

Foster City, CA 94404

Phone: 650-937-1111

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CREDIT CARD AGREEMENT

Please read this page carefully.

THIS AGREEMENT is made, effective _____ between BODIN (Credit Card Processor) and the Cardholder for the amount of \$_____.

Credit Card Type, circle one: VISA MASTERCARD

Credit Card Number: _____

Expiration Date: (mm/yy): _____ CVV2 code: _____

Cardholder's billing address: _____

Cardholder's daytime telephone number: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Today's Date: _____

Services for (Client Name): _____

The signature entitles BODIN to charge the cardholder's credit card for the full amount indicated above.