

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US VIA EMAIL AS AN ATTACHMENT TO INFO@ZIPXBAHAMAS.COM OR FAXED TO 242-362-0029.

All information will remain confidential.

I hereby authorize ZipX Bahamas Ltd. to charge the credit card provided herein for a \$15 fee for the service of filing a U.S. EEI (Electronic Export Information), and I assume responsibility for payment of these charges by my signature below. If the credit card given is found not valid, I will immediately provide another form of payment for this charge to fulfill my obligation.

CARDHOLDER-PRINT INFORMATION, SIGN, AND DATE BELOW:

Name on Credit Card: _____

Company Name (if applies): _____

Type of Credit Card (Amex, MC, VISA only): _____

Credit Card Number: _____

Card Identification Number (last 3 digits located on the back of the CC): _____

Amount to Charge: 15.00 (BHS)

Expiration Date: _____

Billing Address: _____

Delivery Address (if different): _____

Signature: _____

Date: _____

Phone Number of Card Holder: _____

Email Address of Card Holder: _____

Please check one:

- This is a one-time transaction.
- I permit ZipX Bahamas Ltd. in advance to charge the herein credit card for all future EEIs filings that shipments may require. I understand I still need to send the necessary information needed to file.