
Mobile-Z Credit Card Charge Authorization Form

I (we) hereby authorize Company, on behalf of Zarvo to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Company is notified by me (us) in writing (including e-mail notification) to cancel it in such time as to afford Company and Credit Card Company a reasonable opportunity to act on it.

(Name - PLEASE PRINT AS APPEARS ON CARD)

(Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

(Email - PLEASE PRINT)

Please circle one: Visa / MasterCard / Amex

Card Number: _____

Expiration Date: _____

Reference Code (If applicable) _____

Package: (Circle One):

Platinum Gold

(Signature)

(Effective Date)

Please e-mail or fax to:

michael@zarvo.com

Fax: 214.889.4336

Questions?

michael@zarvo.com

Within 24 business hours of receipt of this form, you will receive via e-mail, your account login information and basic user instructions.