



18 Lafayette Place
Woodmere, NY 11598
(212) 828-8436 Main
(646) 536-3179 Fax

Credit Card Authorization Form

Credit Card Information:

Card Type: MasterCard VISA Discover AMEX Other

Cardholder Name(as shown on card):

Card Number:

Expiration Date (mm/yy): CVW Code:

Billing Information:

Street:

City: State: Zip:

Telephone Number:

Transaction Information:

Name of company issuing stock:

Name of listed shareholder:

I hereby authorize VStock Transfer, LLC to charge my credit card in the amount of \$. I confirm I am an authorized user of the above referenced credit card.

Signature:

Date: