

## Credit Card Authorization Form

### Card Holder Information

Company Name:		Name on Card:	
Card Holder Billing Address:			
City:	State:	Zip:	
Telephone:	Email Address:		

### Payment Authorization

Card Type:  Visa  MasterCard  Amex  Discover  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_  
 Please reference the picture for location of this number on the back of your card. (CVV2)



I wish to authorize the purchase of services from BonApetito.net (c/o Xicast, LLC) using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold BonApetito.net or Xicast, LLC harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

Please print this page, fill in all required information above, and fax to BonApetito.net (c/o Xicast, LLC) at 949-200-7635, or mail to 122 Nantucket Ln, Aliso Viejo, CA 92656.

CONFIDENTIAL

### Fax Completed Form to 949-200-7635

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Affiliate ID: \_\_\_\_\_

Affiliate Name: \_\_\_\_\_