



Credit Card Authorization

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|----------------|---------------|-------|
| QBS ACCOUNT #: | COMPANY NAME: | DATE: |
|----------------|---------------|-------|

DECLARATION

I, _____, hereby authorize Quality Business Solutions, LLC to use the following Credit Card information to charge purchases made at Quality Business Solutions, LLC and the services we provide.

CARDHOLDER INFORMATION

| | | | |
|--|--------|-----------|--------|
| FULL NAME AS IT APPEARS ON YOUR CREDIT CARD: | | | |
| BILLING ADDRESS: | | | |
| CITY: | STATE: | ZIP CODE: | PHONE: |

CREDIT CARD INFORMATION

| | | |
|------------------------|--------------------------|--------|
| CREDIT CARD ACCOUNT #: | EXPIRATION DATE (MM/YY): | VCODE: |
|------------------------|--------------------------|--------|

SPECIAL INSTRUCTIONS

Use as primary method of payment for my account
 OR
 Use for one time only, for Invoice # _____

Other: _____

I affirm that the information on this form is true and correct as to every material matter.

Authorized Signature:

X _____ Date: _____

Printed Name : _____

Title : _____