



Card Billing and Authorization Form

All Securex Filings LLC SEC EDGAR filing services rendered will be billed to the credit card below:

CREDIT CARD TYPE (select one)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> AMERICAN EXPRESS |
| <input type="checkbox"/> VISA | <input type="checkbox"/> DISCOVER |

Please enter the following data **exactly** as it appears on your most recent credit card statement. We will need to match the credit card number, account name, and billing address to be able to process your account. The most frequent cause of setup delay is credit card data that is not what the credit card company has on file.

Name on Credit Card: (Exactly as printed)

Credit Card Billing Address: (Street, Apt#)

City, State, Zip:

Credit Card Number:

Expiration Date:

CV2 Code

(3 digit security code on reverse of card)

Authorization: By signing below, I acknowledge that I have read and agree to the terms and conditions set forth in the Service Agreement on the Securex Filings LLC web site, http://secfile.net/legal_statement.htm. I warrant that I have valid authority to act for the company or individual responsible for this account.

I authorize Securex Filings LLC to automatically bill the credit card listed above for all SEC EDGAR filing invoices posted to my account. Since my payment amount varies each invoice, I will receive an invoice via email and I agree that my card will be billed for the total amount due. This authorization is valid until terminated by letter or email to accounting@secfile.net.

Company Name

Securex Account Number

Cardholder Signature

Today's Date

Printed Name

Title