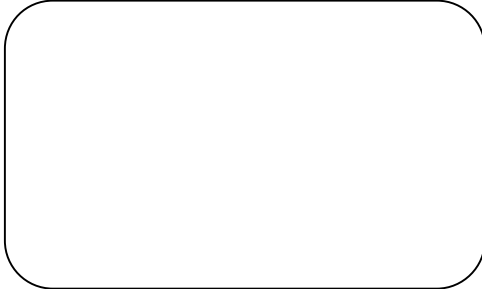


Travail Systems, LLC

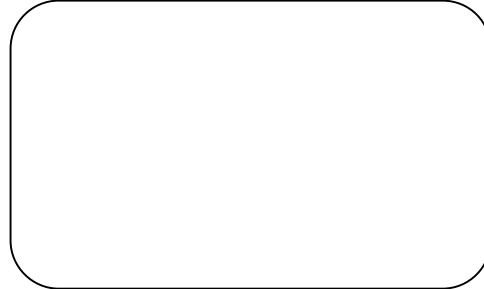
CREDIT CARD AUTHORIZATION FORM

Instructions:

Simply photocopy the front and back of your credit card either on this form or a separate piece of paper, along with a photocopy of government photo ID such as a driver's license or passport, sign this form and fax back to Travail Systems, LLC. We appreciate this assistance, for both your protection and ours!



Credit Card- Front



Credit Card- Back Side w/ Signature

CARD # _____ EXP. DATE _____

CREDIT CARD BILLING ADDRESS:

NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

COUNTRY _____

DAYTIME PHONE # _____

(W/ COUNTRY & CITY CODE IF APPLICABLE)

I hereby authorize Travail Systems, LLC to initiate charges to the credit card listed below, and authorize the credit card institution to accept the amount of such charges to the credit card listed below.

I understand that the credit card listed below will be automatically charged on a regular basis and a prepayment for services to be provided. I understand that if a charge is declined by the credit card institution, this is treated the same as a check returned for insufficient funds (NSF free), and may result in a \$20 fee being added to my account.

I understand that I must provide Travail Systems, LLC with notice of my request to discontinue this Credit Card Authorization.

I also understand that the Terms and Conditions (TOS) located on the Travail Systems, LLC website www.travailsystems.com as provided to me upon subscribing to the service governs use of the service in all respects.

PRINT NAME

CARD HOLDER SIGNATURE

DATE

* Photo ID - w/ Signature: Passport, Drivers License must accompany

PLEASE RETURN FAX TO: 214-256-3690 ATTN: Sales

2308 Cravens Rd. • Ft Worth, TX 76112 • (214) 256-3425 • Fax (214) 256-3690 • (877) 275-8243