

SELECT INTERACTIVE MEDIA, INC. ("SELECT MAILING") CREDIT CARD AUTHORIZATION FORM

Date: _____ Company Name: _____ (the "Company")

I _____ (name) _____ (title) of the Company am the authorized cardholder for the below listed credit card and hereby authorize Select Interactive Media, Inc. ("Select Mailing") to charge such card for the purchase of services from Select Mailing when I am not present.

Please indicate below if this authorization is for a one-time use or if Select Mailing should keep this authorization on file for future purchases:

- One Time Use (Amount) \$ _____ (plus 3% fee – **for postage only**)
- Keep on File for Future Purchases

If you require Select Mailing to collect any other information from the person using the credit card on the company's behalf, such as driver's license number, purchase order, call prior to using, etc... please indicate such requirements here _____

By signing this form, I agree not to initiate a chargeback proceeding with my credit card company for charges made by Select Mailing on the credit card below, and understand that any such chargeback's will constitute a breach of contract. I agree to waive any chargeback rights that I may have, and will contact Select Mailing to resolve any dispute regarding charges made by Select Mailing on the card.

Credit Card Info (select one) :

Master Card

Visa

Discover

American Express

Credit Card # _____

Printed Name as it Appears on the Card _____

Expiration Date _____ Security Code (CCV) _____

Billing Address as it Appears on Your Credit Card Statement:

Address _____

City _____ State _____ Zip Code _____

Cardholder Signature _____

Select Mailing
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