

**Please complete this form and fax it to (310) 257-0051
or send it by email to info@vivinavi.com**

I/we, the signer below, hereby authorize Vivid Navigation, Inc. to initiate debit entries for payment of advertising services and any other fees incurred for using service to my/our credit card named below. I/we acknowledge that the origination of transactions to my/our credit card account must comply with the provisions of applicable laws. I/we further agree that this authorization is to remain in full force and effect until the loan is paid in full and/or Vivid Navigation, Inc. has received written notification from me/us of its termination in such time and manner as to afford Vivid Navigation, Inc. a reasonable opportunity to act on it. Should there be any outstanding balance, Vivid Navigation, Inc. reserves the right to charge the balance to my/our account without giving a prior notice.

CREDIT CARD INFORMATION

Credit Card Number	Expiration Date (mm/yy)
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/>
	<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Amex
CVV Code	
<input type="text"/> <input type="text"/> <input type="text"/>	
<small>* For Visa and Master, 3-digit CVV codes are located on the back of the card. * For Amex, 4-digit CVV codes are located on the front of the card. * The total amount shall be equal to the sum of the payments agreed by both parties in the service agreement or confirmed online.</small>	

CARD HOLDER INFORMATION

Name (as it appears on card)	Company Name
<input type="text"/>	<input type="text"/>
Billing Address	Zip
<input type="text"/>	<input type="text"/>

COMPANY INFORMATION

Company Name	
<input type="text"/>	
Address	Zip
<input type="text"/>	<input type="text"/>

As an authorized signer, I hereby understand and agree all of the above terms and conditions.

Name (Print)	Company Name	
<input type="text"/>	<input type="text"/>	
Title	Email	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature		
<input type="text"/>		
Sign here		Date
<input type="text"/>		<input type="text"/>

[IMPORTANT] We will contact you in a few business days to confirm the information. Should you not be contacted within a few business days, your form may not be delivered to us. Please contact us at (310) 326-2900 or info@vivinavi.com in such case.