

Island Research Ltd.

P.O. Box 2685, Cayman Islands, BWI, KY1-1111

Please complete this form and fax to our office: +1 345 946-4850

CREDIT CARD AUTHORIZATION FORM

This signed & completed form is my consent to allow ISLAND RESEARCH LTD. to charge my credit card the amount stated below.

I, _____ (your full name as shown on credit card)

of _____,
(your billing address)

authorize **Island Research Ltd.** to charge my credit card the amount shown below.

Credit Card Type: Visa / Mastercard

Card Number: _____

Expiry Date: ___ / ___

Name on Card: _____

CVC Code: _____
(3 digit code that appears on the back of your credit card for security purposes)

Amount to Charge: _____
(Total cost in US\$ that Island Research Ltd. will charge your card)

Signature: _____ **Date:** _____