



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Annelida Investors Group Inc. to make a one-time debit to your credit card listed below. **THIS FORM MUST BE SIGNED**

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete **ALL** the information below:

INVOICE # _____

I _____ authorize Annelida Investors Group Inc. to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____

Phone# _____

City, Prov, _____

Postal Code _____

Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	CVC (3 Digit) _____
Cardholder Name _____	
Account Number _____	
Expiration Date _____	

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.