



PACIFIC PLUS INT' L INC

IMPORTER AND EXPORTER OF FINE FOODS

CREDIT CARD AUTHORIZATION FORM

Customer Name: _____

The Customer agrees to the credit card method of payment. Pacific Plus International Inc. and its related businesses will initiate such debits out of the Customer's credit card account at the financial institution specified below if Customer fails to pay on the terms listed in the Purchase Order.

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ (MM/YYYY)

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Credit Card Type [Visa/Master/Amex/Other]: _____

Billing Address: _____

City/State/Zip code: _____

Prefer email receipt: Yes, No

Email: _____

Authorized Signature (must be an authorized signatory on account listed)

Print Name

Title

Date

This authorization shall remain in effect unless and until revoked in writing by an authorized representative of Customer and until Pacific Plus International Inc. and its related businesses have received such notice and have reasonable time to act upon such notice.

13241 Valley Branch Lane, #200 Farmers Branch, Texas 75234

TEL: 972-488-8338

FAX: 972-692-8087