

GLOBEX TRANSFER, LLC CREDIT CARD AUTHORIZATION

Credit Card Number:

Expiration Date:

CVV:

Name on Card:

Street Address:

ZIP:

I authorize Globex Transfer, LLC to process monthly minimum charges pursuant to Exhibit A of the Globex Transfer, LLC Transfer Agent Agreement using this credit card. Upon approval, this authority is to remain in full force and effect until Globex Transfer, LLC has received written notification from me of its termination in such time and manner as to afford Globex Transfer, LLC a reasonable opportunity to act on it.

I authorize Globex Transfer, LLC to process a one time charge in the amount of \$_____.

The electronic media record of my transactions and facsimile of this authorization form held by Globex Transfer, LLC shall be used as the final determination to resolve any disputes that I may have regarding transactions authorized herein.

Signature: _____ **Date:** _____

Please return this form to:

Mail
Globex Transfer, LLC
780 Deltona Blvd., Suite 202
Deltona, FL 32725

Via Facsimile: (386) 267-3124

E-mail: mt@globextransfer.com