



PERCEIVA

Credit Card Authorization Form

I, _____, hereby authorize Perceiva, Inc.
to charge my credit card account in the monthly amount not to exceed: \$ _____
() VISA () MasterCard () American Express

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country : (if not US) _____

Telephone: () _____ - _____

Requested Shipping Address (if required):

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country : (if not US) _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address.

Cardholder's Signature

____/____/____
Date

As the credit card holder, I also authorize Perceiva, Inc to charge my credit card for future recurring fees.
I can at anytime via email request future billings to be stopped.

Authorization Valid Until: ____ / ____ Initials Here: _____

Your completion of this authorization form signifies acceptance to the terms & conditions available
at <http://perceiva.com/terms.pdf> and helps us protect you, our valued customer, from credit card
fraud. Perceiva will keep all information entered on this form strictly confidential.

5300 Palmer Lane, Suite 2A • Williamsburg, VA 23188 • <http://www.perceiva.com>

Please fax to Perceiva Accounting Department at: 1.888.223.8741