



PAYMENT BY CREDIT CARD:

Name as it appears on Card _____

Card Billing Address: _____

City, State, Zip _____, _____ Zip _____

Card Type: Visa MC

Card #: _____

SID # _____

Exp. Date: ____ / ____

Authorized Amount: \$ _____.

Date: ____ / ____ / ____

PAYMENT BY CHECKING ACCOUNT:

Routing # _____

Account # _____

I _____ hereby authorize N Genius Solutions Inc. to charge the credit card(s) and/or checking account listed above. I understand I'm responsible for the charge listed above, and I am giving up my rights to dispute this charge listed above as the goods and services have been delivered in full. Authorization for the above stated usage of the above credit card (s) shall remain in effect from the acknowledgement date, until cancellation is made in writing by authorized card holder. Any and all purchasing and/or credit card information will remain confidential, and will NOT be released without written approvals of both parties.

X _____

Date: ____ / ____ / ____

Client Signature

I, _____ authorize N Genius Solutions to charge the remaining balance(s) of the scope work provided by NGSI. I also authorize my credit card to be used any other products, materials, and/or labor that I request now and in the future.

X _____

Date: ____ / ____ / ____

Client Signature