

Print and fill below letter. Fax this ALONGWITH a copy of the Front and Back of your Credit Card to +1 (866) 209-7142 [USA].

The authorization will be processed within 2 Business days.

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I, hereby, authorize ALVO Business Solutions, Corp. to process a charge on my Credit Card, whenever I request transactions with my Cards-CONTACT account. I certify that I will use a genuine Credit Card, which I am authorized to charge.

I enclose with this letter a Credit Card that I hold as a measure to certify my authenticity.

Card Details

Type: VISA / Master Card

Name on Card:

Card Number:

Expiry Date: _____ / _____ (Month / Year)

Authorized Signature: _____