



CREDIT CARD AUTHORIZATION FORM

Please print this form, complete, and sign it. Then fax the completed form to 703-429-1930. Thanks!

Please Indicate: Master Card Visa American Express

1. Card Number _____

2. Expiration Date _____

3. Cardholder name _____

4. Cardholder billing address _____

5. Security code: (3 or 4 digit at the back) _____

6. I authorize Quettawala Inc to charge \$ _____ USD to the credit card listed above

7. Card holder signature:

Date _____

The cardholder agrees that Quettawala Inc will bill the subscriber's credit card. Thank you for your cooperation & your business.