

cooperation & your business.

CREDIT CARD AUTHORIZATION FORM

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

Please	Indicate:	O Master Card	O Visa	O American Express	
1.	Card Number			_	
2.	Expiration Dat	Expiration Date			
3.	Cardholder na	Cardholder name			
4.	Cardholder bil	ardholder 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 ab					
7.	Card holder si	gnature:			
	Date				
The cardholder agrees that Quettawala Inc will bill the subscriber's credit card. Thank you for your					

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