



Network Learning Inc.
375 N. Stephanie Street
Building 21, Ste 2111
Henderson, NV 89014
Fax: 702-446-0357

CREDIT CARD AUTHORIZATION FORM

This form authorizes Network Learning Inc. to automatically bill your credit card according to the schedule of fees and methods(s) listed below. Network Learning Inc. is authorized to automatically bill your credit card for all monies due.

CREDIT CARD BILLING: **VISA MasterCard American Express**

CARD NUMBER

| | | | | | | | | | | | | | | | | | | | |
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EXPIRATION DATE (MM/YY)

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SECURITY CODE

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Bill my credit card \$ _____ for services/merchandise from Network Learning Inc.

(Please print legibly)

BILLING INFORMATION

Please ship materials (if applicable) to this address

COMPANY NAME: _____

CARDHOLDER NAME: _____

CARDHOLDER ADDRESS: _____

CARDHOLDER CITY: _____ STATE / PROVINCE: _____

CARDHOLDER POSTAL CODE / ZIP: _____ COUNTRY: _____

CARDHOLDER PHONE #: _____

EMAIL ADDRESS #: _____

ITEMS PURCHASED #: _____

Authorized Signature

Date

SHIPPING INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE / PROVINCE: _____

POSTAL CODE / ZIP: _____ COUNTRY: _____

EMAIL ADDRESS #: _____