



527 Third Avenue, Suite #301  
New York, NY 10016  
Phone: (212) 447-5913  
Fax: (212) 889-9447

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I Authorize Search-Net Management to charge the below referenced credit card for services rendered. A facsimile of my signature below is as valid as my original signature. This charge may not exceed the amount of the invoice without my written authorization.

**TYPE OF CARD** - *Please choose one*

Visa \_\_\_\_\_  
Master Card \_\_\_\_\_  
American Express \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

COMPANY \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

AMOUNT \_\_\_\_\_

For Office Use Only