



DBA CREDIT CARD AUTHORIZATION FORM

BANK NAME/BRANCH: _____

REP NAME: _____

YOUR RETURN MAILING ADDRESS

Form with sections: Name, Address, City, State, Zip Code, Billing Address, Fictitious Business Name(s), Street Address, Registrant information, and Business type selection.

NOTICE: This form is for banking and filing purposes only. Your signature will serve as formal consent for EXECUTIVE ON THE GO, INC. to sign on behalf of the INDIVIDUAL/CORPORATION OR LLC on line 8 or 8a on an OFFICIAL FICTITIOUS NAME STATEMENT to be filed with the County Clerk of Los Angeles County ONLY.

I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT.

Signature

Date

Credit card information section including: (Circle One) MasterCard, Visa, Discover, American Express; Credit Card #, Exp. Date, V CODE; Name as it appears on Credit Card; and a checkbox for enclosed copy of credit card and drivers license.

I, _____, give EXECUTIVE ON THE GO, INC. permission to charge my credit card as indicated above. (By signing this you understand that this amount will be charged on your credit card today and that these fees are non-refundable.)

Signature

Date