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CFI PROGRAM CREDIT CARD AUTHORIZATION FORM

DATE:
FIRST NAME:
LAST NAME:
BILLING ADDRESS:
BILLING ADDRESS CITY:
BILLING ADDRESS STATE:
BILLING ADDRESS ZIP CODE:
CFI#:
CREDIT CARD NUMBER:
CREDIT CARD TYPE: VISA MASTER CARD AMERICAN EXPRESS, DISCOVER
CREDIT CARD EXPIRATION DATE:
CREDIT CARD SECURITY CODE:

I hereby authorize Momentum Interactive LLC TEXAS, to charge my credit card for purchases made to my FLITELite™ CFI reseller program account. Please keep my card on file for future orders. This authorization is to remain in full force until Momentum Interactive has received written notification of its termination.

Name of Card Holder	Signature of Card Holder	Date
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Please mail, fax, or scan and e-mail this form to Momentum Interactive at your earliest convenience.