

CREDIT CARD PAYMENT AUTHORIZATION FORM

I hereby authorize Visibles, Inc. ("Visibles") to charge the credit card below for the purchase of their products, services, and or shipping/handling fees. The amount to be charged shall be directly sent by Visibles to the Credit Card Company I identify. I understand and agree that Visibles is not liable in any way for erroneous bill statements or incorrect charges to my account and that should an error occur in the bill statements, Visibles' only responsibility is to correct it when and if it receives notice of the error.

I understand that if at anytime I decide to discontinue the credit card payment option, I must notify Visibles in writing. I understand this authorization remains in force and effect until Visibles has received written notification of its termination in such time and manner as to afford Visibles and my Credit Card Company a reasonable opportunity to act on it.

I hereby authorize Visibles and its shipping partners to release my order to the delivery address provided without signature. The furnishing by Visibles of a delivery receipt upon which is listed the designated place of delivery shall constitute proof of delivery. Upon furnishing such proof of delivery, the undersigned shall indemnify Visibles against and hold it harmless from all claims for liability, including any expenses related thereto (including attorneys' fees) arising by reason of loss or damage to any shipments handled by Visibles under the terms of this Agreement.

YOUR SIGNATURE BELOW INDICATES YOUR CONSENT AND ACKNOWLEDGEMENT OF THE AFOREMENTIONED TRANSACTION(S).

Cardholder Signature: _____ Date: _____

Print Name: _____

CREDIT CARD INFORMATION:

Type of Credit Card (circle): American Express Discover MasterCard VISA

Credit Card Number: _____ Expiration Date ____ / ____

PIN (last three digits on reverse side of card): _____

Name on Credit Card: _____

Billing Address of Credit Card: _____

Billing City, State and Zip Code: _____

SEND INVOICES TO:

Name: _____

Company: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____ E-Mail: _____

**Please fax completed form to Visibles, Inc. @ 248-477-4360
or mail to 33316 Grand River Avenue, Farmington, MI 48336 Attn: Accounts Receivable**