KRS GLOBAL BIOTECHNOLOGY INC.

791 Park of Commerce Blvd., Suite 600
Boca Raton, FL 33487
Phone: 888-242-7996;
Fax: 866-480-3322

CREDIT CARD CHARGE AUTHORIZATION

I, _____hereby authorize KRS Global Biotechnology, Inc. to charge the credit card account specified below for products/services rendered. I affirm that I am at least 18 years old and understand I am legally authorized to use the credit card account number specified below. Additionally, I agree to hold KRS Global completely and fully harmless from and against all claims of any type or nature, whatsoever resulting from any charges made to said credit card account payment and will be billed to the credit card listed below.

Doctor/Clinic Name_____

Credit Card Information

Card Type: VISA [ ] MasterCard [ ] AMEX [ ] Discover [ ]

Card Holder's Name: (as it appears on card)_____

Card Number: | | | | | | | | | | | | | | | | |

Exp. Date: _____/____/_____ **CCV Code:** | | | | |

Billing Information

Street: _____ **City:** _____

State: _____ **Zip Code:** _____**Billing Telephone #:** (_____) _____

Shipping Information

Complete this section if shipping address is different from billing address

Name: _____

Street: _____ **City:** _____

State: _____**Zip Code:** _____

The above cardholder authorizes KRS Global Biotechnology to charge the credit card listed for products/services rendered.

Signature of Card Holder: _____ **Date:** _____

When you receive your package from KRS Global Biotechnology, Inc., please check the contents of your package immediately. We require that you report any missing items, damaged product, or incorrect charges within 24 hours of receiving the package. No exchanges or refunds will be honored unless we are notified within 24 hours, no exceptions.