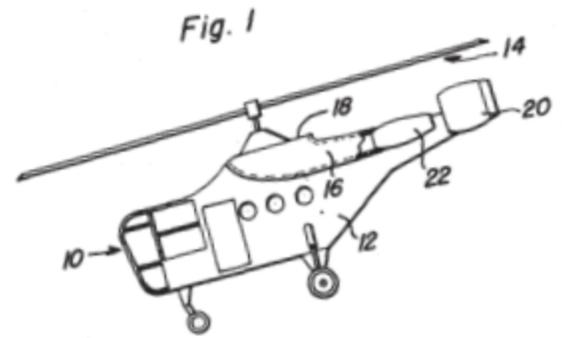


PUBLICIDE INC.

250 W 40th Street, 8th Fl
New York, NY 10018



Publicide Official Credit Card Authorization Form

I, _____, hereby authorize Publicide, Inc.
to charge this credit card in advance for all Purchase Orders received.

Type of Card: VISA MASTERCARD AMEX DISCOVER

Credit Card Number: _____

Expiration Date: _____

CVC Security Code*: _____

*For MasterCard, Visa and Discover this is the last three digits on the number on the back of the card.
For American Express it is the four digits in the corner of the card on the front.

Credit Card Billing Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Requested Shipping Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Cardholder's Signature _____ Date _____

Your completion of this authorization form helps us to protect you, from credit card fraud.
All information entered on this form will be kept strictly confidential by our company.

Please email completed forms to _____