



CUBED

NANO

CREDIT CARD AUTHORIZATION FORM

**This information is confidential.
Please complete and email to info@cubednano.com**

CUSTOMER NAME: _____

PHONE NUMBER: _____

CUSTOMER ID: _____

NAME AS APPEARS ON CREDIT CARD: _____

CARD TYPE (choose one): VISA MasterCard AMEX

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ (month /year)

CARD SECURITY CODE (CSC / CVV): _____

CHECK ONE OR BOTH IF APPLICABLE:

- ONE-TIME CHARGE AMOUNT: US \$ _____
- CONTINUE USE FOR ORDERS

Card Holder's Signature: _____ Date: _____

I authorize Cubed Holdings LLC, to charge my credit card with my information indicated in this authorization form according to the terms outlined above. This payment authorization is valid for the goods/services described above, for the amount indicated above, and constitutes a valid order by the proper party of my company. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company unless Cubed Holdings LLC does not fulfill this order pursuant to the terms outlined above. WE VALUE YOU AND THANK YOU FOR YOUR BUSINESS.