

INFO QUEST, INC.

P.O. Box 15521, Surfside Beach, SC 29587

Phone 843-233-9675 Fax 843-233-9676

INTERNET <http://www.in-foquest.com>

EMAIL-INFO 1 QEST@AOL.COM

CREDIT CARD PAYMENT AUTHORIZATION

COMPANY NAME: _____

I AUTHORIZE INFO QUEST, INC. TO CHARGE MY VISA OR MASTERCARD FOR PAYMENT OF SERVICES PROVIDED AS I HAVE INDICATED BELOW.

VISA CARD CARD # _____

EXPIRATION DATE: _____

MASTERCARD CARD # _____

EXPIRATION DATE: _____

TOTAL AMOUNT TO BE CHARGED: _____

APPLY PAYMENT TO SERVICES PROVIDED: _____

(LIST MONTH & YEAR)

CARDHOLDER'S NAME (PLEASE PRINT)

ADDRESS WHERE THE CREDIT CARD BILLING STATEMENT IS SENT

CARDHOLDER'S SIGNATURE

ONCE FORM IS COMPLETED, PLEASE FAX TO (843) 233-9676