



ONE TIME CREDIT CARD AUTHORIZATION FORM

Please complete and sign this form to authorize Vigene Biosciences, Inc to make a one-time debit to the credit card listed below.

I, _____ authorize Vigene Biosciences, Inc. to charge my credit card indicated
(FULL NAME)

below for _____ for quote _____ on or after _____.
(AMOUNT) (QUOTE NUMBER) (DATE)

INVOICE EMAIL: _____

CONTACT PHONE NUMBER: _____

BILLING ADDRESS:

SHIPPING ADDRESS:

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ACCOUNT TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
NAME ON CARD: _____
CARD NUMBER: _____
EXPIRATION DATE: _____ CCV CODE: _____

SIGNATURE: _____ **DATE:** _____

I authorize Vigene Biosciences to charge the credit card indicated on this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above and is valid for a one-time charge to my credit card. I certify that I am an authorized user of this credit card and that I will not dispute the charge with my credit card company so long as the transaction corresponds to the terms indicated on this form.