

AUTHORIZATION AGREEMENT FOR CREDIT CARD PAYMENTS



I hereby authorize The Argen Corporation to initiate credit card transaction to the credit card information listed below for each order placed for dental alloy and or all other products provided.

PAYMENT INFORMATION		
Name on the card		
Credit card statement billing address	Suite No.	Phone No.
City	State	Zip
Credit Card Number	Expiration Date	Security Code (CVV#)

This authority is to remain in full force and effect until The Argen Corporation has received written notification of its termination.

COMPANY INFORMATION
Name of Business
Account No.

Name of signatory

Signature

Date