

4clublive.com Credit Card Authorization Form

In order to better safeguard credit cards of our users from unauthorized transactions, please complete every part of this form and email a scanned copy of the completed form, along with a photocopy of both the front and back of the credit card and the cardholder's photo ID to form@4clublive.com.

CARD NUMBER:

EXPIRATION DATE:

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Name EXACTLY as it appears on card: _____

Billing Address of Card Holder: _____

CITY: _____ ZIP: _____

STATE: _____

I agree to pay the total amount associated with all online orders placed through my user account with 4clublive.com and I hereby authorize Tekka Digital S.A. or its credit-card processing agents to process payment for such online orders to the above-referred credit card.

As the credit card holder, I hereby authorize receipt of internet-based services from 4clublive or its credit-card processing agents.

I agree to be bound by 4clublive.com's terms of use and the terms associated with my account with the Credit Card's issuing bank.

Cardholder's Signature: _____ **Date:** _____

Please submit this form to form@4clublive.com and include a copy of the following documents:

- A copy of both the front and back of your government issued ID (= cardholder's ID)
- A copy of both the front and back of your credit card

Thank you for completing this form and helping us run a better website. We will keep all information entered on this form **strictly confidential**.

We require this only to separate our good customers from hackers that use stolen credit cards. It will allow us to increase or even remove all limits on your account.