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Credit Card Authorization Form

I, _____, hereby authorize Contacts LIVE, to charge my credit card account in the amount not to exceed: \$_____

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

Pricing Plan: Circle the requested plan.

Plan	Contacts	Monthly	*Contacts Live Annual Fee
Tier 1	0-500	\$14.95	\$179.00
Tier 2	501-2,500	\$29.95	\$359.00
Tier 3	2501-5,000	\$49.95	\$599.00
Tier 4	5001-10,000	\$69.95	\$839.00
Tier 5	10,001-25,000	\$139.95	\$1,679.00
Tier 6	25,001 plus	Call	Call

Basic plans include sending up to six (6) times your subscriber limit.

*All Plans billed twelve (12) months in advance.

As the credit card holder, I also authorize Contacts Live to charge my credit card now and for future purchases verbally approved by me.

X _____ / ____ / ____

Cardholder's Signature Date

Authorization Valid Until: ____ / ____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Contacts Live will keep all information entered on this form strictly confidential.

Effective January 2008 all credit card orders will be charged \$3.00 rerun charge resulting from incorrect information supplied on credit card authorization form

Effective January 2008 all credit card orders will be charged \$3.00 service charge.