

Radium Soft, Inc
4470 Chamblee Dumwoody rd, Suite 200
Atlanta, GA 30338

Credit Authorization Form

I, _____ authorize Radium Soft, Inc.
to charge _____ fee to my Credit card account number

_____ (VISA/Master) CVV Code
_____ Exp date _____ on my behalf. The amount to be charged is USD_____.

**I understand that the amount charged on my card is towards the
fee and agree to pay the fee.**

Card Holder's Contact/Billing Address:

Name: _____

Email: _____

Phone: (_____) - _____ - _____
(Include Area Code)

Fax : (_____) - _____ - _____

Street: _____

City:

State: _____

Zip Code : _____

Signed: _____

Date: _____ mm/dd/yy

*****NOTE: Also need a copy of credit card used(both sides) and a copy of
driver's license.**