



1418. S. AZUSA AVE. D2 WEST COVINA CA 91791



CREDIT CARDHOLDER'S AUTHORIZATION

I hereby authorize US BLACK BELT GROUP, INC to charge my credit card in the amount listed below. I understand these charges are for the payment of US BLACK BELT GROUP. INC. expenses for me and/or those I have designated below.

Credit Card Number		Expiration Date:		Security Code
Name Of Card Holder		LAST	FIRST	M
Credit Card Billing Address		Address		ZIP
		Home / Cell		
Total Amount	Payment Date	Amount	Signature	
\$				

By signing below, I understand and acknowledge the charges described here on and I agree that payment in full is to be made when billed subject to and in accordance with the agreement governing the use of such card.

X
SIGNATURE

X
DATE

X
TIME



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