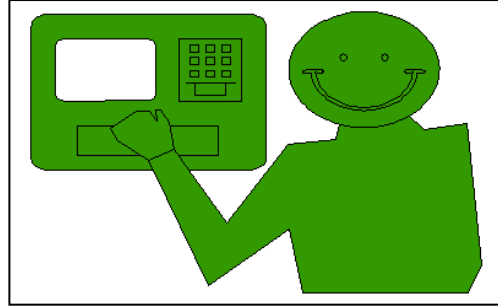


ATM Online, Inc
18333 Preston Rd. Suite 435
Dallas, Texas 75242
972-713-7333 Office
972-733-4292 Fax
ron@atmonlineinc.com



Charge Card Authorization

As the authorized card holder; I hereby grant ATM Online, Inc. permission to charge the credit card shown below, for the amount shown hereon.

Customer Name: _____

Card Holder Name As It Appears on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Card Type: Visa___ Master Card___ American Express___ Discover___

Credit Card Number: _____

Expiration Date: _____

CVC Code: _____

Amount of Purchase and Charge: \$_____

Signature: _____ Date: _____

Phone#: _____ Ext: _____