

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (65) 6515 1257 OR BY REGULAR MAIL.

I, _____ authorize **Robson Design Pte Ltd** to make the following charges to my **credit card** account

NAME: _____

Cardholder Name: _____ Authorized Signature: _____

Address: _____

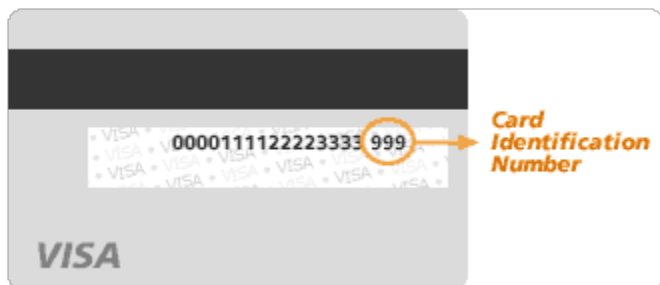
Credit Card Type: _____ VISA _____ MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

FAX or send the authorization to:

Robson Design Pte Ltd
6 Ubi Road 1, #01-05,
Wintech Centre,
Singapore 408726
Tel: (65) 6515 1204
Fax: (65) 6515 1257