



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name:			—
Billing Address:			
City:	State:	Zip code	
Credit Card Type: Visa _	Mastercard	_ Discover Amex	
Credit Card Number:			
Expiration Date:			
Card Identification Number (last front of card 4 digits:	3 digits located on the	e back of the Visa, M/C ////AMEX	on
Amount to Charge: \$	(USD)		
	ed above to my credit	norize High Energy Group LLC to t card provided herein. I agree tha uing bank cardholder agreement.	
Cardholder Print Name, Sign and	d Date Below:		
Signed:			
Dated:			
Name:			

PLEASE FAX BACK TO 732-741-8170

The LEDGREEN Company 331 Newman Springs Road, Building 1, 4th Floor Ste 143 Red Bank, NJ 07701, Tel: 732-741-9099 Fax: 732-741-8170