

**CREDIT CARD CHARGE AUTHORIZATION**

To: Hillusa Corporation  
7215 NW 46<sup>th</sup> Street  
Miami, FL 33166

I: \_\_\_\_\_ hereby authorize you to charge my/our credit  
card, the sum of U.S Dollars \_\_\_\_\_ (US \_\_\_\_\_ ),  
as follows:

Card Type:

Account Number:

VISA     MASTER CARD

Security code.

Account Name:

Expiration Date:

\_\_\_\_\_  
Cardholder Authorized to Charge

\_\_\_\_\_  
Signature of Cardholder

Please attached here copy of your credit card front and back

Por favor adjunte copia de la parte de frente y reverso de su tarjeta de crédito.

Date: \_\_\_\_

Customer information:

First Name:

Street:

City/State/Postal Code

Country

Fax: 305-5943391

NOTE: PLEASE SEND COPY OF YOUR IDENTIFICATION AND THE CREDIT  
CARD BOOTH SIDES.

**NOTA:** POR FAVOR ENVIAR COPIA DE LA TARJETA POR AMBOS LADOS Y  
DOCUMENTO DE IDENTIFICACION DEL FIRMANTE.