

Lexy Pacific Corp.

611 Vaqueros Ave., Sunnyvale, CA 94085 Tel: (408) 331-8818 Fax: (408) 331-8830

Credit Card Authorization Form

I, _____, AS AUTHORIZED AGENT FOR

(COMPANY) AND HAVING
FULL LEGAL POWER TO BIND THE AFOREMENTIONED COMPANY AND /OR
INDIVIDUAL, DO HEREBY AUTHORIZE THE USE OF THE CREDIT CARD
ACCOUNT SHOWN BELOW, TO BE USED FOR THE PAYMENT OF ANY
PURCHASES, BOTH PRODUCTS AND SERVICES, FROM LEXY PACIFIC CORP.

DATE: _____

ACCOUNT TYPE: VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER: _____ 3-DIGIT CODE: _____

EXPIRATION DATE: _____

ADDRESS OF CARDHOLDER: _____

PHONE NUMBER: _____ BANK PHONE # 1-800- _____

AUTHORIZED SIGNATURE: _____

AUTHORIZED AMOUNT: _____

Note: Your account will be processed and charged by Superpcmart or Phoenix.

FOR OFFICE USE ONLY:

PROCESSED BY: _____

DATE: _____