Retail Software Consultants, LLC			
CREDIT CARD USE AUTHORIZATION			
5971 NE 22 Terrace, Fort Lauderdale FL	. 33308		
Phone: 1-877-480-0688 / Fax: 1-954-67	8-6068		
This is to confirm that you are setting u	p automatic billiı	ng. We	
will bill your card on the first of the mor	nth.		
In order to complete this transaction, p	lease complete a	and fax or email	
this to us.			
Thank you			
Rick			
954-410-1734			
Rick@lecolo.com			
We Accept Visa / Master Card / Discove	er		
COMPANY			
NAME			
Cardholder's Name			
Account No	3 Digit #	ŧ	
Expiration Date/			
Billing Address			
City:	State:	Zip:	_
Signature of Payer/Cardholder indicates	s you agree to al	low Businessware	
Inc to charge your credit card.			
Signature		Date	