



NxtVOX Head Office
 10410 Kensington Pkwy, Suite 204
 Kensington, MD 20895 USA

Credit Card Authorization

I, _____, authorize NxtVOX to charge the credit card specified below, for the amount of US\$ _____, for the following items:

- 1.
- 2.
- 3.
- 4.

Reason for Payment: _____

Customer Name		Date	
Shipping Address (Including Zip/Postal code)	_____ _____ City: _____ Zip Code: _____ Country: _____	Telephone Number	_____
		Fax Number	_____
		Mobile Number	_____
		Email Address	_____
Name on Card		Credit Card Type	
Credit Card #		Expiration Date	
Billing Address (As it appears on the credit card)	_____ _____ _____ _____	CVV Security Code	
NxtVOX Return Address	Attn: David Bitterman 10410 Kensington Pkwy, Suite 204 Kensington, MD 20895 USA		

Conforme:

Signature over Printed Name

Date