



CREDIT CARD PAYMENT AUTHORIZATION

BUSINESS CONTACT INFORMATION

Date:

Name/Contact Person:

Company name:

Phone:

Fax:

E-mail:

CREDIT CARD INFORMATION

Cardholder Name:

Credit Card Number:

Expiry Date:

PAYMENT INFORMATION

Invoice #:

Amount: \$

AGREEMENT

Authorization is hereby given to: Crossroads Petroleum Ltd. to apply the following payment to my Visa/Mastercard

CARDHOLDER SIGNATURE

X