



**CREDIT CARD AUTHORIZATION FORM**

IBIOPATH, LLC  
11214 E DR MLK JR BLVD, SEFFNER, FL 33584  
Phone: 813-725-4212

**Credit Card Information:**

Name as it appears on the Card: \_\_\_\_\_

Type of Card: \_\_\_\_\_ (Visa, Mastercard, AMEX, or Discover)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV/Security code: \_\_\_\_\_

**Billing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Set-up Virtual Address
- 5 New Business Tradelines (some may be paid to report)
- DUNS Number/Experian Business Number
- NET 30 Accounts
- Business Line of Credit/Purchase Vehicle in Business Name

\*\*\*\*\*I hereby authorize this card to be used by iBioPath LLC to purchase virtual address, setup NET30 accounts, make purchases on my behalf from NET30 accounts, register my business with Dun & Bradstreet/Experian Business, setup reporting tradelines if necessary, structure business to receive business line of credit/purchase vehicle(s) in business name or any/ALL other required documents needed in relations to building my business credit. This is a 12 month commitment at \$500 a month with automatic payments due on the 1st or the 15th. Auto-payments must start within 45 days of sign-up with first payment. \*\*\*\*\*

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_