



INTENSE WEAR INTERNATIONAL, INC.

CREDIT CARD CHARGE AUTHORIZATION

Please complete, sign and return by fax or email to:

medwards@sofibellawear.com

Fax: 954-917-3183

TYPE OF CARD (PLEASE CHECK ONE):

- | | |
|------------|------------------|
| Business | Personal |
| MasterCard | American Express |
| Visa | Discover |

CREDIT CARD NO.: _____

EXPIRATION DATE: _____ CVN: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS: _____
Street City State Zip

COMPANY NAME and ACCOUNT NUMBER (if applicable): _____

I, _____ (CARDHOLDER'S NAME), AUTHORIZE INTENSEWEAR INTERNATIONAL, INC. TO PROCESS THE ABOVE CREDIT CARD AS "SIGNATURE ON FILE" FOR ANY GOODS ORDERED.

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE TERMS LISTED ABOVE.

SIGNATURE: _____ DATE: _____