

iMARS Software Systems

468 North Camden Drive Suite 200 Beverly Hills, California 90210 Phone (310) 860-5671 Fax (310) 860-5600

CREDIT CARD AUTHORIZATION FORM

Instructions:

1. Print and complete form.
2. Sign where indicated.
3. Submit by mail or fax

Submit to:

Scicon R&D, Inc.
468 North Camden Drive Suite 200
Beverly Hills, California 90210
Fax: (310) 860-5600

Cardholder Name: _____

Daytime Telephone: _____

I _____,

Hereby authorize Scicon R&D, Inc. to charge my credit card account any recurring fees with regards to licensing and the use of the iMARS 2007 software in the following amounts:

\$ _____

Credit Card (choose one): MasterCard Visa

Card Number: _____

Expiration Date: _____ VID Code: _____

Credit Card Billing Address:

As the credit card holder, I also authorize Scicon R&D, Inc. to charge my credit card for future purchases verbally approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. We will keep all information entered on this form strictly confidential

Cardholder Signature _____ Date _____