

Seoul National University Foundation, Inc.

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Credit Card Authorization Form

(Single Transaction Only)

I, _____ hereby authorize _____ to
charge the amount of US\$ _____ on credit card#
 _____ with the expiration date of ____/____/____.
(DBA Name)

By signing this form, I agree with all terms and conditions of the sale/order which I have made over the phone, by fax or via the internet. I understand that this information will be used for purposes of verification with the credit card issuer/processors to prevent fraudulent usage. And also as the credit card holder, I hereby authorize receipt of merchandise at the shipping address below and agree that I will not initiate dispute under No Cardholder Authorization on this charge in the future.

You must attach a legible copy of both sides of the credit card (front and back) and a legible copy of your Driver's License (or other valid photo ID)

Other Credit Card Information

Credit Card Issuer Name: * _____ CVC2 Security Code: * _____

Bank Contact Phone#: _____ Any Special Program: _____

Company Name (if business card): _____

*For Visa, MasterCard and Discover, it is three digits located in the back of the card
*For American Express, it is four digits located in the corner of the card on the front

Credit Card Billing Address

Requested Shipping Address

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: _____

Telephone: _____

Printed Name: _____

Signature: _____

Date: ____/____/____

CVV code cannot be stored after initial transaction, prohibited by PCI DDS standards.

