

Double Zero

1015 S. Crocker St. #Q-28

Los Angeles, CA 90021

Tel: 323-234-6000

Fax: 323-234-6006

I, _____ Authorize Double Zero Inc., to charge my credit card.

Company Name: _____

Credit Card #: _____

Expiration Date: _____

Security Code (on back of card): _____

Billing Zip Address: _____

Street: _____

City: _____

State / Zip: _____

Telephone: _____

Authorization Signature:

X _____

Copy of Credit Card

Copy of I.D. card