SHOCKWATCH®
SMART SOLUTIONS FOR SAFE TRANSIT

Credit Card Authorization & Purchase Agreement

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Name: _____
Please print the name appearing on the credit card

Billing Address: _____

City: _____ State:_____ Zip Code: _____

Card Number: _____ Expiration Date: _____
Ex. 0000-0000-0000-0000 Month / Year

Security Code: _____ /_____
Front Back

Telephone: _____ Email: _____

I have read and agree to the Terms & Conditions (located at www.shockwatch.com) and certify that all information provided is true and complete and intend to be legally bound hereby, enter into this "Credit Card Authorization & Purchase Agreement" on behalf of Applicant and authorize ShockWatch, Inc to charge the above named credit card for purchases of Applicant.

APPLICANT: _____
(Name of Company)

By: _____ Date: _____
(Signature of Card Holder)

By: _____ Title: _____
(Print Name) (Job Title with Applicant)