



CREDIT CARD CHARGE VERIFICATION

COMPLETE ALL BLANKS, SIGN AND RETURN

IN LIEU OF MY CREDIT CARD IMPRINT, I _____
(PRINT FULL NAME AS ON CARD)

HEREBY VERIFY TRANSHARE CORPORATION, TO CHARGE \$ _____

ON MY CC# _____ (CREDIT CARD NUMBER) (VISA MC)

EXPIRATION DATE _____ SECURITY CODE _____

FOR THE PAYMENT OF SERVICES PERFORMED BY TRANSHARE CORPORATION.

MY BILLING ADDRESS IS: _____

PHONE NUMBER ASSOCIATED WITH CREDIT CARD ACCT: _____

BY SIGNING BELOW, I ACKNOWLEDGE CHARGES DESCRIBED HEREON, PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD.

SIGNATURE OF CARD HOLDER: _____

DATE: _____

FAX THIS FORM TO 303-662-1113 or E-Mail to cindie@transhare.com

OFFICE USE ONLY

For benefit of: _____ Transaction # : _____