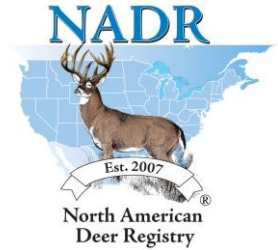


North American Deer Registry
1601 Medical Center Drive, Suite 1
Edmond, OK 73034
Tel 405-513-7228 Fax 405-513-7238
NADR@deerregistry.com
www.deerregistry.com



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize North American Deer Registry to keep information pertaining to my credit card on file and to debit any purchases I have made automatically unless otherwise requested at the time of purchase. I understand that a statement of my account will be mailed or e-mailed to me with my credit card receipt(s) attached.

I agree to pay for any additional services I have approved or requested. I acknowledge that I am responsible for any and all outstanding amounts on my North American Deer Registry account if my credit card company declines payment.

Credit Card Information (Circle One): **Visa MasterCard Discover American Express**

Card Number: _____

VID Code: ___ ___ ___ 3 digit code on back of card for Visa, MasterCard, Discover

VID Code: ___ ___ ___ ___ 4 digit code on FRONT of card for American Express

Expiration Date: _____

Name on Card: _____

Signature: _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () - _____ - _____

Email Address: _____

We value you as a customer and respect the security of your personal information. The information collected here will be used for accounting purposes only. Confidentiality of personal information is important and any information you provide to us will be kept in a secure file. Access to your information will be limited to our employees in the performance of their job and persons authorized by law. You have the right to request access to the personal information in your file, and if necessary, correct any inaccurate information.