



REMIT TO:
KOL INC.
P O BOX 1061
STERLING VA 20167

TEL: 571.203.9828 / FAX 571.203.9829 OR EMAIL

CREDIT CARD AGREEMENT FORM

NAME ON CREDIT CARD:	
COMPANY NAME:	
BILLING ADDRESS:	
CONTACT PERSON:	
TELEPHONE NUMBER:	
CREDIT CARD #:	
EXPIRATION DATE:	
AMOUNT TO BE CHARGED	\$
INVOICE NUMBER(S) TO BE PAID	
SIGNATURE OF CARD HOLDER	
DATE:	

By signing this form you are authorizing KOL to bill the credit card number provided above for services rendered. In the event a credit card is denied, we will bill an additional \$35.00 and payment will need to be made payable to KOL in the form of a cashiers check. **Upon completion of this form please fax back to 1.866.823.2235 or email it to KEVIN@KOLGLOBAL.COM**