

Quantum Technologies Inc.

Credit Card Authorization

DUE TO CREDIT CARD FRAUD POSSIBILITIES, WE REQUEST CUSTOMERS COMPLETE THIS AUTHORIZATION FORM FOR YOUR PROTECTION AS WELL AS OURS.

I hereby authorize Quantum Technologies Inc. to charge my credit card for a product or service purchased.

Credit Card # _____

(For security reasons you may leave this blank and call our office.)

Card ID # _____ Type of Credit Card (AMEX-VISA-MASTERCARD, DISCOVER)

(AMEX- 4 digit above card # on front/Visa OR Discover- 3 digit after card # on back/MC 3 digit on back)

Expiration date for credit card # listed above _____

Credit card billing address _____

Ship To Address: _____

Amount of sale that will be charged to my credit card \$ _____

Signature of credit card holder _____

Printed name of credit card holder _____

Phone # of credit card holder _____

Fax # of credit card holder _____

E-Mail of credit card holder _____

Today's date _____

FAX FORM TO 256-922-1221

QUANTUM TECHNOLOGIES, INC

991 DISCOVERY DRIVE. HUNTSVILLE, AL 35806

(256) 922-1200 PHONE