Credit Card Authorization & Purchase Agreement

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

Name on Card: _____

Card Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Card Number: _____

Example: 0000-0000-0000-0000

Expiration Date (MONTH/YEAR): _____

Security Code: _____ / _____

Front Back

Phone: _____

Email: _____

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

Applicant: _____

(Name of Company)

By: _____ **Date:** _____

(Signature of Card Holder)

By: _____ **Title:** _____

(Print Name) (Job Title of Applicant)