

Cerebellum Corporation

1661 Tennessee St. Ste 3D, San Francisco CA 94107

***** CONFIDENTIAL *****

Date: _____

Attn: Cerebellum Corporation

Fax: (805) 426-8136

From: _____

Account: _____

Re: **CREDIT CARD PAYMENT AUTHORIZATION**

Please check one: **Master Card** **Visa** **Discover** **A/E**

Please charge this card with the following invoices for payment.

1. _____
2. _____
3. _____

By checking this box, I hereby give permission to Cerebellum Corporation to charge all my invoices with this credit card.

Total Amount: \$ _____

Card No: _____

Exp Date: _____

Name: _____

Signature: _____

Charged by: _____ **Date:** _____