

I, \_\_\_\_\_ HEREBY AUTHORIZE  
CAPITAL CONNECTION, INC., TO CHARGE MY VISA/MASTERCARD WHICH IS IN  
THE NAME OF \_\_\_\_\_  
WITH THE LAST FOUR DIGITS BEING \_\_\_\_\_ FOR THE AMOUNT OF  
\$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please Fax Back To: (850) 222-1222