

A U T H O R I Z A T I O N

This is to authorize Lexber Inc. / Lexber Holdings Corporation to get an approval and charge from my credit card with details as follows:

Bank:

Type of Credit Card:

Name appearing on credit card:

Full name of cardholder:

Credit Card Number:

Expiry date:

Billing Address:

Last three digits at the back of the credit card:

For a period of _____ months from _____, 20__ to _____, 20__, every _____ day of the month, in the amount of P_____ monthly.

This authority shall be continually binding for the period stated above, unless otherwise with the written request of the cardholder addressed to Lexber, with the proper approval of Lexber's authorized representative.

Signature of Cardholder: _____

Printed Name of Cardholder: _____

Date: _____