

BLANKET COVERAGE FORM

CREDIT CARD AUTHORIZATION FOR PAYMENT OF ORDERS AND ACCOUNT

The undersigned agrees that they will be responsible for all charges to their account with DESCORE INC. This agreement is considered BLANKET COVERAGE

Company Legal Name

Complete Address

Telephone

| Facsimile

| Email

Credit Card Holder Name

Card Holder's Address

I, _____

representing the company of _____
hereby authorizes Descore Inc. in Markham, Ontario to process the credit card account listed below for payment of my account.

VISA _____ Expiry Date ____ / ____

Credit Card Issuer (bank) Telephone

MC _____ Expiry Date ____ / ____

Credit Card Issuer (bank) Telephone

AMEX _____ Expiry Date ____ / ____

Credit Card Issuer (bank) Telephone

I AUTHORIZE DESCORE INC. TO CONTACT THE BANK(S) NOTED TO VERIFY THE CARD(S) LISTED:

Authorized Signature of Card Holder

Please print full name as it appears on credit card

Please fax your completed form to Descore Inc. at 905-470-4037.