

## Credit Card Authorization and Consent Form

I, \_\_\_\_\_, hereby authorize PepMetric Technologies Inc. / Pegasus Lifecare Inc. to charge my credit card for service(s) of Custom Peptide / Peptide Array synthesis (Reference No. \_\_\_\_\_).

Type of Card:    Visa       MasterCard       American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Billing address: \_\_\_\_\_

\_\_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_ (USD) US Dollars

By signing this form I give PepMetric / Pegasus Lifecare permission to debit my account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits to my account.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.)

**Remark:** please fax the form back to 1-604-303-9926 (attn: Johnny Qiu) or email the scanned copy to [gsqiu@pepmetric.com](mailto:gsqiu@pepmetric.com)