

CREDIT/CHARGE CARD RELEASE FORM

Global Marketing Solutions Group, Inc.
Dba Land, Air & Sea Worldwide
1700 E. Desert Inn Road, Suite 409
Las Vegas, NV 89109
Phone: 702-737-7781
Fax: 702737-7761

I authorize Global Marketing Solutions Group, Inc. to charge my account identified below for charges on the following:

Invoice # _____ Amount \$ _____

Invoice # _____ Amount \$ _____

Invoice # _____ Amount \$ _____

Invoice # _____ Amount \$ _____

CIRCLE CARD TYPE: VISA MASTERCARD AMEX

CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER NAME: _____
(PRINT OR TYPE)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY NAME: _____
(IF APPLICABLE)

NOTICE TO CREDIT CARD HOLDER: BEFORE SIGNING, CARDHOLDER AGREES THAT HIS/HER SIGNATURE ON THIS FORM CONSTITUTES SIGNATURE ON FILE AND IS AN AGREEMENT TO PAY ALL CHARGES. CHARGES FOR ALL SERVICES PERFORMED WILL BE CHARGED TO THE CREDIT/CHARGE CARD ACCOUNT NUMBER THAT I HAVE PROVIDED THAT IS SHOWN ABOVE.

CARDHOLDER'S SIGNATURE

DATE

Agent to fill out portion below.

Agent Representative's Name: _____ Invoice Number: _____

Authorization Number: _____ Date approved to agent: _____