



CREDIT CARD AUTHORIZATION FORM

I _____, authorize Real time Manager, Inc. to charge the amount of
\$ _____ to my credit card for the order of the following product:

Real Time Manager Locksmith Software

CREDIT CARD INFORMATION:

Credit Card #: _____ **Expiration Date:** _____

Card Type: VISA / MASTERCARD (CIRCLE ONE)

Name that appears on card: _____

Credit card billing address: _____

Card Holder's Phone #: _____

E-mail: _____

I confirm that I am the authorized and legal Card Holder (owner) of this credit card and acknowledge I will be charged a recurring monthly fee of \$_____, to be billed on the 25th of each month.

Card Holder's Signature: _____

PLEASE FILL THIS PAGE OUT, PRINT IT, and THEN E-MAIL OR FAX IT TO:

REAL TIME MANAGER, INC.
5200 KANAN ROAD, STE 214
AGOORA HILLS, CA 91301

Fax #: 818-698-6901 or e-mail: service@realtimemanager.net