



CREDIT CARD VERIFICATION FORM

Deposit Statement I, _____ ("customer") here with authorized dax100fx.com to charge my credit card with the following transactions:

Card type (mark with an x): Visa _____ Mastercard _____ Other _____

Card holder's name: _____

Card number (4 last digits): _____

Expiry date: _____

Email (client): _____

The following transactions

Type	Amount	Date and time	Signature
Credit card			
Credit card			
Credit card			
Credit card			
Credit card			
Credit card			
Credit card			

Date

Signature