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***** CREDIT CARD AUTHORIZATION - MONITORING *****

I, _____, do hereby authorize X-tech Security, Inc. to charge my credit card for monthly monitoring charges as listed below.

ACCOUNT # _____ \$ PER QUARTER _____

CARD TYPE: **VISA** **M/C** **AMEX**

CARD # _____

EXP DATE: _____ CCV # _____

NAME ON CARD: _____

EMAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

CONTACT PHONE # _____

DATE: _____ BILLING ZIP CODE: _____

SITE ADDRESS: _____

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