Credit / Debit Card Authorization Agreement

| To verify a credit/debit card or ap | oply for a limit increase, please complete the agreement below: |
|--|--|
| Please complete and send to: | skyverify@skybook.ag |
| Important: You must include th | e following information: |
| A legible photocopy of your pic | cture ID (e.g. Drivers License or Passport). |
| A legible photocopy of the fron | t of your credit card. |
| A legible photocopy of the back | k of your credit card with the proper signature. |
| A legible copy of an utility bill o | or bank statement showing your name and address on file. |
| | 9-2665 after sending the documentation to confirm it was successfully received dated agreement, along with the additional information requested, I am dging the following: |
| | and will honor all purchases/charges initiated by me to my account whether ernet and agree to all purchases/charges made by Skybook. |
| I am of age of majority (18 year | rs or older depending on your jurisdiction) |
| I have read and accepted the t | erms of use as listed elsewhere on this website |
| Customer Account Id: Full Name: Phone: Email: Card Number: | |
| Card Expiration Date: Issuing Bank Name: | (Month/ Year) |
| Issuing Bank Phone: | Toll free # on back of card |
| | |
| Signature | |