

## Credit Card Payment Information

Cardholder Name

---

Cardholder Billing Address

---

State

State

ZIP

---

Credit Card #

---

Expiration Date

Security Code

---

I authorize Helives, LLC (dba Xplode Conference) to charge \$ \_\_\_\_\_ USD to the credit card listed above. I understand that this purchase is not refundable under any circumstances.

Cardholder Signature

Today's Date

---

Contact Cell

Email

---

The cardholder agrees that Helives, LLC (dba Xplode Conference) will bill the subscriber's credit card.

**TECH BRILLIANCE IN YOUR BACKYARD!**