

## Credit Card Payment Information

Cardholder Name

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Cardholder Billing Address

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State

State

ZIP

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Credit Card #

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Expiration Date

Security Code

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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

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Contact Cell

Email

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

**THANK YOU FOR ATTENDING XPLODE!**