

AUTHORIZATION FOR AUTOMATIC DRAFT PAYMENT

NAME: _____

HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____

WORK PHONE: _____

CITY: _____

SOCIAL SECURITY #: _____

STATE: _____

DATE OF BIRTH: _____

ZIP CODE: _____

EMPLOYED BY or

HOSPITAL NAME: _____

HOSPITAL ADDRESS: _____

CITY, STATE, ZIP: _____

THE UNDERSIGNED HEREBY AUTHORIZES GOLD 'N VISIONS LTD TO DEBIT MY CHECKING / SAVINGS ACCOUNT FOR THE PURCHASES MADE ON THIS DATE AS FOLLOWS.

BANK NAME: _____

ABA #: _____

BANK ADDRESS: _____

ACCOUNT #: _____

DRAFT DATE: _____ **DRAFT AMOUNT:** _____ **DRAFT DATE:** _____ **DRAFT AMOUNT:** _____

DRAFT DATE: _____ **DRAFT AMOUNT:** _____ **DRAFT DATE:** _____ **DRAFT AMOUNT:** _____

DRAFT DATE: _____ **DRAFT AMOUNT:** _____ **DRAFT DATE:** _____ **DRAFT AMOUNT:** _____

DRAFT DATE: _____ **DRAFT AMOUNT:** _____ **DRAFT DATE:** _____ **DRAFT AMOUNT:** _____

TOTAL: _____

Your signature means that you have read and agree to the terms of the automatic draft payment and you promise to pay for all purchases on your account. If Gold 'N Visions Ltd is forced to pursue collection of your account, you are agreeing to pay all expenses and cost of such action including court cost, and reasonable attorney fees. It is expressly agreed and stipulated that this contract and agreement shall be deemed to have been made and to be performable in Angelina County, TX. All question concerning the validity, interpretation, or performance of any of its terms and provisions, or any rights or obligations of the parties hereto, shall be governed by and resolved in accordance with the laws of this jurisdiction. Any disputes between or among the parties to this agreement concerning the subject matter of this agreement shall be submitted for resolution in the proper court in Angelina County, TX.

I agree that this authorization will remain in effect until revoked by me, in writing, with a copy of said revocation sent to Gold 'N Visions Ltd at least thirty (30) days prior to said revocation. Gold 'N Visions Ltd reserves the right to cease collection of my account under this authorization after thirty (30) days written notice has been forwarded to the undersigned.

I further agree to pay a reasonable service fee to Gold 'N Visions Ltd for any draft returned from this or any other financial institution.

AUTHORIZED SIGNATURE: _____

DATE: _____