



STARLIGHT CAPITAL, INC.

Charge Authorization Form

Please circle your card type: VISA MASTERCARD AMEX DISCOVER OTHERS

Name of Firm or Organization: _____

Person's Name as it appears on account: _____

Company Name if it appears on account: _____

Billing Address for card: _____

Credit Card #: _____

CVV #: _____

Expiration Date: _____

Amount of Charge Authorized: \$ _____

E-mail Address to Send Receipt: _____

Office Phone Number: _____

Mobile Phone Number: _____

Signature of Cardholder or other Authorized Signatory

Please Print Name Here: _____

OR

wise (<https://transferwise.com/invite/u/bryane88>): Membership number P21399032

OR

PayPal (paypal.com): starlightcapital@gmail.com

OR

Bitcoin: 1LSqRqPGUWUVswxsbgloc9S2SmFnUtmYau

Please return by e-mail to Bryan Emerson, emersonb@starlightcapital.co (1 907 795 5586 cell).
Confirmation of charge will be sent to the above e-mail address.