

CREDIT CARD AUTHORIZATION FORM

I, (Surname/Name) _____ (henceforth called "customer"),
authorize the company DUALSYSTEMS BIOTECH AG, located in Zurich, Switzerland, to charge the
credit card listed below for the purchase of products or services.

Amount to be charged (currency / amount): _____

Credit card details

Card name: Mastercard
 Visa

Card number: _____

Valid until: _____

Cardholders name: _____

Security code: _____ The security code is a 3-letter digit
on the back of your card

Customers name: _____

Customers address: _____

Date: _____

Customers signature
and official stamp: _____

Please fill out this form and fax it to: +41 (0) 44 738 50 05

Ver. 1.1/July 2007