

PAYPAL AUTHORIZATION FORM

I, _____ hereby authorize PayPal Transaction ID # _____ in the amount of US\$ _____ which I am authorized to send from the PayPal account with the registered email address of _____@_____ to PixelFX Solutions and Zenex 5ive accepting payment via PayPal registered email address: order@pixelfxsolution.com. By signing this form, I agree with all terms and conditions of the sale/order, as specified in the PixelFX Solutions and Zenex 5ive Service Agreement, which I have made over the phone, by fax, or via the Internet. I also authorize any additional PayPal transactions I may make in the future to PixelFX Solutions and Zenex 5ive, applied towards recurring monthly service fees, as well as any additional services or service upgrades, that I request on my account, and any applicable usage charges. The registrant information of my PayPal account is:

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Street Address*: _____
City _____ State _____ Zip/Postal Code _____ Country _____

* Must be registered shipping address listed on your PayPal account.

I understand that this information will be used for purposes of verification with the PayPal system to prevent fraudulent usage.

Please note: If your PayPal registered email address changes, or if you wish to utilize a different PayPal account than listed on this form, you will need to complete and provide to PixelFX Solutions and Zenex 5ive a new PayPal Authorization Form.

You must attach a legible copy of your Driver's License (or other valid photo ID: Passport, Gov't Identification, etc...) and a legible copy of a utility bill which was received at your registered PayPal shipping address.

Printed Name: _____
Signature: _____ Date: ____/____/____
Account Identifier: _____
(ie; Order Tracking # / Invoice # / Account #)

**Send via Fax/Email w/attachments to + 442030022744 or sales@zenex5ive.com
PLEASE MAKE SURE TO PROVIDE ALL DOCUMENTATION REQUIRED!**