



CREDIT CARD AUTHORIZATION

To:

CREDIT CARD INFORMATION

Name on credit card: Samuel J White
Card type: Visa
Card number: 4715632196707168
Expiration date: 03/2011
Security code: 487

AMOUNT TO WITHDRAW

Invoice #2011-Maintenance-3516, total

USD 990

I, Samuel White, hereby authorize CLC bio LLC to withdraw the amount due, from the credit card listed above.

1/7/2011

(Date)

Samuel White
(Card holder's signature + company stamp)

Please fill out this form and fax it back to CLC bio LLC on the fax number listed below.

CLC bio LLC
10 Rogers ST #101
Cambridge, MA 02142-1246
TAX-ID: 20-5502758

Fax: +1 617 444 8764