CREDIT CARD AGREEMENT

Named Cardholder:		
On Behalf of:		
Does hereby authorize Dora M. Roberts business purchases made on behalf of twith the understanding that no purchas without prior notification and consent.	the company named ab	ove or its interests,
Card Type:		
Bank Card:		
Name on Card:		
Card Number:		
Expires/ Pin:	Other:	
Billing Address:		
City-State-Zip:		
X		
SIGNATURE OF CARD HOLDER	TITLE	DATE
X		
DORA M. ROBERTS		DATE