



**CREDIT CARD APPLICATION  
DAX INTERNATIONAL BROKERS, INC  
8600 NW S. River Dr #7  
Medley, FL 33166  
TEL: (305) 470-9494  
FAX: (786) 442-3050**

I \_\_\_\_\_ hereby authorize Dax International Brokers Inc. to charge  
my credit card # \_\_\_\_\_

Date of expiration \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_.

Billing address: \_\_\_\_\_

Please circle one of the following: Visa/ Master Card/ Discover/ Amex.

For the total amount of \$ \_\_\_\_\_ (U S dollars), for order # \_\_\_\_\_

**I have also attached a copy of my driver's license and of my credit card front and back, for only Dax International Brokers Inc. to use for proof. We will not be able to process the payment without it.**

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Today's Date**