

PAYMENT INFORMATION					<input type="checkbox"/> Credit Card <input type="checkbox"/> Other		NOTE: For credit card payments, Only VISA and MASTERCARD accepted.		
PAYER FULL NAME				CREDIT CARD NUMBER		CREDIT CARD			
BILLING ADDRESS <input type="checkbox"/> same as mailing address				EXPIRATION DATE (mm / yyyy)					
CITY		STATE / PROVINCE		COUNTRY		ZIP / POSTAL CODE		SECURITY CODE / CVV2	
								PAYMENT AUTHORIZATION	
<p>I hereby authorize for my credit card to be charged for the cost of my initial order as reflected on this application, as well as any and all future orders I place, including any applicable taxes and Shipping & Handling fees. By signing below, I agree for my credit card to be charged.</p>									
PAYER SIGNATURE								DATE	
								APPLICANT AGREEMENT	
<p>I have read and agree to be bound by the Agreement (which includes the Privacy Policy, Terms Of Use, Return Policy, Compensation Plan, and Policies & Procedures). I certify that I am 18 years old and legally able to enter into the Agreement. I understand that I have the right to terminate my ByDzyne™ Member Agreement at any time, with or without reason, by sending written notice to ByDzyne™.</p>									
APPLICANT SIGNATURE								DATE	
								THAILAND . V7.2.0 20210812	