Print Form

By submitting this signed and dated form, along with the additional information requested, I am authorizing and fully acknowledging the following:

a. I certify that the electronic media record of my transaction/s held by NEO-WIN CORPORATION LIMITED and affiliates shall be used as the final determination to resolve any dispute I may have. I clearly understand it is my sole responsibility, if applicable, to report my financial information to my respective Government, Customs, or Tax jurisdiction.

b. I acknowledge that I have read all the information contained in their PRIVACY STATEMENT and agree to their TERMS, CONDITIONS, and RULES therein and as amended from time to time.

c. I acknowledge that I am the authorized card holder and will honor all purchases initiated by me to my account with the credit/ debit card mentioned in this form whether completed by telephone or internet.

-DEPOSIT INFORMATION-

TYPE OF CARD	
CREDIT / DEBIT CARD NUMBER	
EXPIRATION DATE (mm/dd/yyyy)	
BILLING ADDRESS	

Imprint of your credit card here by placing the card under the printed form and very lightly rubbing a pencil over the top.

I here by authorize the information on this form (both pages 1 & 2) as evidence by my signature below.

Signature

Date

Electronic signatures will not be accept. Fill out all fields on this form, print, and sign by hand. Email to admin@wnxwn.com along with all necessary documents. For assistance, call +44 20 3239 4915 (ENGLISH ONLY).