EXHIBIT B TO STANDARD TERMS OF SERVICE
PAYMENT AUTHORIZATION FORM

This Payment Authorization Form ("Authorization") is entered into as of the Effective Date by and between Logical Software, LLC, a Nevada limited liability company ("Logical Software"), and _____ , a _____ _____("Client"). This Authorization constitutes Exhibit B to the Standard Terms and Conditions ("TOS") between the Parties related to the Black Book Software (the "Service") and is incorporated by reference into the TOS.

Please complete all fields. This authorization will remain in effect until cancelled.

Credit Card Information
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Security Code (CVV2):
Billing Address:
Billing Zip Code:

I, _____, authorize Logical Software to charge my credit card above for agreed-upon purchases related to the Service. I understand that my information will be saved to file for future transactions on my account.

BY SIGNING BELOW, THE UNDERSIGNED ACKNOWLEDGES AND AGREES TO THE FOLLOWING:
I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify Logical Software in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above-noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates. In the case of a transaction being rejected for Non-Sufficient Funds (NSF), I understand that Logical Software may at its discretion attempt to process the charge again within 30 days. I certify that I am an authorized user of this card and account and will not dispute these scheduled transactions with my financial institution so long as the transactions correspond to the terms indicated in this authorization form.

Company:_____

Name:_____

Title:_____

Signature:_____

Date:_____

Ensure all the information is accurately filled out and keep a copy of this document for your records.