

# EXHIBIT 6

## Client Authorization Form

Card holder name: EDWIN A MONDRAGON

Address: 4890 NW 101<sup>st</sup> Ave  
GRAZ SPRING FL 33457

Daytime Telephone Number: 561 306 4996

Mobile Telephone Number: 561 306 4996

Card Number (first 6 and last 4)\*: 076437

Date of Transaction: \_\_\_\_\_

Card Holder Authorizing: [Signature]

Product or Service purchased: IWEB

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, Edwin Hernandez Mondragon  
(Cardholder name)

authorize IWEB to charge my card \$ 1697.42 on the  
(Merchant name)

following date(s) May 13, 2014.

Cardholder Signature: [Signature]

Date: 7/19/2014

\*please note: In accordance with PCI-DSS rules and regulations, we CANNOT accept full credit card numbers, card expiry dates or card CVV numbers. Please ONLY provide the first 6 digits of the credit card, and the last four.