



<b>To:</b>	
<b>Company:</b>	
<b>Fax:</b>	
<b>From:</b>	
<b>Date:</b>	
<b>Number of Pages:</b>	

**Authorization for Credit Card Charges**

Please fax back to 954-927-9123

Or e-mail to [accounting@vistasat.com](mailto:accounting@vistasat.com)

**Cardholder's Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Card Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Card Type:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Security/V Code:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

Security Codes can be found on the back of Visa cards and on the front of AMEX cards. They are usually 4 digits.

PLEASE NOTE: We accept Visa, Master Card, Discover, and American Express.

**Date of Services:** \_\_\_\_\_ **Time of Service:** \_\_\_\_\_

**Service Description:** \_\_\_\_\_ **Total Charge:** \_\_\_\_\_

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. A facsimile transmission of this signed Agreement shall be legal and binding on the party providing such facsimile transmission. The credit card receipt will be e-mailed.

I agree to the above terms and accept liability for purchases made on the above-mentioned card.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>Please Place Driver's License HERE (Face Up)</b></p>	<p><b>Please Place Credit Card HERE (Face Up)</b></p>
--------------------------------------------------------------------	---------------------------------------------------------------