

CUSTOMER CREDIT CARD AUTHORIZATION FORM

Order # (if available):									
Name									
Company									
Billing Address of Card Holder					Shipping Address (if different than Billing Address)				
Address:					Address:				
City		ST		ZIP		City		ST	
Phone	()				Phone	()			
Email					Email				
Credit Card Number						Expiration (mmyy)			

Note: If you plan to use multiple credit cards to pay for your orders, we will need a separate form completed for each credit card.

**PLACE FRONT OF
CREDIT CARD HERE**

**PLACE BACK OF
CREDIT CARD HERE**

(Light and legible copies of the front & back of the credit card are required with this form.)

Dark copies are rejected.

I do hereby authorize **Sadoun Satellite Sales** to process payment for all my orders, including drop shipping orders, made by fax, phone or email, to the above referenced credit card. I assume responsibility for all payments pertaining to my account and do state that I am the cardholder. If I request the order to be drop shipped to an alternate shipping address other than my billing address, I agree and accept that any person who accepts and signs receipt of delivery at receiving address is enough proof of delivery to said address. I have included a copy of the front & back of the credit card and understand if the copy is not received; the orders will not be processed. I do also agree to abide by the Sales & Return Authorization Policies established by Sadoun Satellite Sales. I have read the above conditions & hereby agree to the terms of this sale.

Authorized Signature _____ Date _____

Fax the completed form to 1-614-529-6770
 Sadoun Satellite Sales, New Accounts Dept., 2747 Westbelt Dr., Columbus, OH 43228, USA
 Any questions? Call 888-519-9595