



TO FAX BACK TO **+1 954 522 6270**

CREDIT CARD PAYMENT CONFIRMATION

(NB: A fee of 4% for credit card processing will be added to your account)

I _____ (Print Name) authorize Global Satellite to charge my

Credit Card # _____ Expiration ____/____ Sec. Code _____

Transaction details (quote/invoice/statement/other) # _____.

- Recurring charges incurred for our account number or name _____
- Or: The maximum amount of \$ _____ (for any one transaction).

I also there for confirm that this Credit Card belongs to me (name) _____

Billing address as follows:

 City _____
 Zip code _____
 State _____
 County _____
 Telephone number _____
 Fax number _____
 Email address _____
 Person to contact for accounts payables _____

Shipping address if different:

 City _____
 Zip code _____
 State _____
 County _____
 Telephone number _____
 Fax number _____
 Email address _____
 Person to contact for deliveries _____
 Preferred shipping method _____

For mutual Security reasons please include copies of:

- Card Holder's Driver license
- Front and Reverse Side of the Credit Card

Signature of the Card-Holder

Global Satellite USA.

Head Office: 1901 SOUTH ANDREWS AVENUE, FORT LAUDERDALE, FL. 33316

TEL. **+1 954 459 3000**

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