



# The SPACECONNECTION, Inc.

## CREDIT CARD CHARGE AUTHORIZATION

I, \_\_\_\_\_, authorize The SPACECONNECTION, Inc. to charge my credit  
(PRINT CARDHOLDER'S NAME)

card as indicated below for their services. I have read and agree with the Terms & Conditions and all SPACECONNECTION policies regarding the booking, cancellation and all pertinent scheduling policies.

(PLEASE CHECK ONE)    VISA \_\_\_\_\_    MASTERCARD \_\_\_\_\_

Cardholder's address to which credit card billing is mailed:

Name (as it appears on the card): \_\_\_\_\_

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Card Number \_\_\_\_\_ Bin # \_\_\_\_\_

Amount \$: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*This document must be signed & returned along with a photocopy of the credit card (front and back) and a drivers license to The SPACECONNECTION, Inc. agent indicated below prior to commencement of service:*

*The SPACECONNECTION Agent:* \_\_\_\_\_

*Fax Number:* ( \_\_\_\_\_ ) \_\_\_\_\_

*Workorder Reference #:* \_\_\_\_\_

**For The SPACECONNECTION, Inc. internal use and instruction:  
Upon completion of this document, fax to:**

**Marilyn Huecas, Director / Accounting Services (818) 754-1108**

The individual signing this represents that he/she is duly authorized to sign this credit card authorization on behalf of the company or corporation. In addition, he/she does acknowledge and accept on behalf of the company or corporation the terms and conditions of the SPACECONNECTION, Inc. which include prompt payment. If collection procedures should be required, you agree to pay cost thereof including reasonable attorneys fee. The SPACECONNECTION reserves the right to refuse service if credit card authorization is denied or advance payment is not received prior to the time of service.