SKYLINK

Credit Card Authorization

Company Name: _____

Customer PO #: _____

Billing Address:

_____

_____

_____

_____

Type of Card: ☐ Visa ☐ MasterCard

Card Number: _____ Exp. Date: _____

Security Code Number: _____ *(This number is the non-embossed number printed on the signature panel on the back of your card immediately following the card account number. This number is recorded as an additional security precaution.)*

Name on Card: _____

Keep on File: ☐ Yes ☐ No

Paying by Wire Transfer / COD and would like to keep this order on hold: ☐ Yes ☐ No ☐ N/A ***(Customers without terms and are paying by wire transfer / COD are required to keep their credit card on file.)***

Purchase Order Total: _____

3% Convenience Fee: _____ *(This is added to the total amount of your PO and is only valid for credit card transactions, not for CC on file.)*

Total Amount: _____ *(Additional Shipping & Convenience Charges May Apply)*

I, _____, authorize my credit card to be charge for the above amount, which may include any additional fees, overages or charges.

Card Holder's Signature: _____ Date: _____

I herby agree to the purchase of the services described above and agree to abide by the payment terms of this sales order,

X _____

Authorized By Date