

CREDIT CARD AUTHORIZATION FORM

Option 1 E-mail a Digital form: Enter the how to add a digital signature with the control of the	e information in the fields be with Adobe Reader. When com	low and digitally sign the document wh nplete, click the e-mail button at the bott	nere indicated. Click here for instructions on of the form to submit to Canada Satellite.	
		ss the Print button. Fill in the information in the	on and sign the document where indicated.	
1	Print and Fax Form: At the bottom of the form, press the Print button. Fill in the information and sign the document where indicated.			
BUSINESS/PERSONAL INFOR	RMATION			
egal Company Name				
perating Name(s)				
Contact Name(s)				
Address (1)				
Address (2)				
ity		1 Tovillee / State		
,				
elephone		Email		
Customer Number	ilable)			
ACCOUNTS PAYABLE (If accoun	its payable contact is differ	ent from above)		
Accounts Payable Contact				
AP Phone Number				
AP Email				
CREDIT CARD INFORMATION				
	Card Number		Expiry Date (MM/YY)	
Card Type WISA MasterCard	Cardholder Name		CVV Security Code	

OPTIONS FOR SUBMITTING THE AUTHORIZATION FORM TO CANADA SATELLITE

Cardholder Signature

Toll Free: 1 (855) 552-2623 Direct: 1 (403) 918-6300 Fax: 1 (403) 910-0765

Date