



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Satel NV to charge my credit card for

MONTHLY INVOICES

ON FILE ONLY

Credit Card Type: Visa MasterCard Discover

Name: _____ Telephone /cell: _____

Email address: _____

Cardholder Id #: _____

Date: _____

Signature: _____

Sales Person: _____

Charged on: _____

Phone / A/C #: _____

I AGREE TO TERMS & CONDITIONS

Credit card on file will be charged monthly for current charges unless other payment methods are used. Should subscriber fail to make monthly payments by due date or fails to follow correct procedures for termination of their account the card on file will be charged for the outstanding balance.

Subscriber is also responsible to update Satel NV with all information pertaining to the credit card on file. (Credit card stolen, expired, change of number etc)

Copy of ID & Credit Card is required.