



PLEASE, FILL OUT, SIGN & FAX TO 949-261-9999

**Credit Card Authorization Form**

To process your credit card payment, this form must be completed, signed and returned. Please, **Fax it to: 949-261-9999**

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

By signing below you are authorizing Orbit Systems, Inc. & OrbitDirect to charge your credit card checked below the amount of \$ \_\_\_\_\_

( ) Visa ( ) Mastercard ( ) Discover Issuing Bank: \_\_\_\_\_

The credit card charge is for payment for the following products described below:

\_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ CVV/CID Indicator: \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

Requested Shipping Address: \_\_\_\_\_

\_\_\_\_\_

**By your signature below, you agree:**

- **That you are duly authorized holder of credit card and to act on behalf of the Company;**
- **That the Company authorizes receipt of the goods at the shipping address identified above;**
- **That Orbit Systems, Inc. may charge the indicated credit card for the full amount of the order(s), plus \$25 handling fee for orders less than \$500.00;**
- **To pay the full cost of the order without deduction in the event of any chargeback by Company's credit card issuer, regardless of the reason for the chargeback;**
- **Not to initiate any credit card chargeback without first contacting Orbit Systems, Inc. and working to resolve any claim or issue the Company may have;**
- **To be bound, for this and future transactions, by Orbit Systems, Inc. Terms and Conditions of Sale provided or posted on site <http://www.Orbitdirect.net>**

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_