



**Maine Office**  
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## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting [info@scsatelliteent.com](mailto:info@scsatelliteent.com). This authorization will remain in effect until cancelled.

### **Form Must Be Complete for Processing**

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
CVC Number (3 digit code on the back): _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize S&C Satellite, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date