



Skydreamers Systems
PO BOX 2831
Downey, CA 90242
Tel: (888) 759-7970
Fax: (562) 634-6398

Credit Card Authorization Form

Please fax back to Skydreamers Systems
Attention: Accounting Department

Customer Information

Authorize Total: \$ _____ Invoice #: _____

Company Name (If Any) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Credit Card Information

I hereby authorize Skydreamers Systems to charge the following to credit card. Cardmember acknowledges receipt of goods and/or services in the amount of the total shown here on and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Cardholder Name _____

Credit Card Billing Address _____

Card Number

CID Number (CVV)

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Expiration Date

Month Date Year

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Type of Credit Card (Please Circle One)

VISA MASTERCARD DISCOVER CARD

Cardholder Signature _____ Date _____