



CREDIT CARD AUTHORIZATION FORM

PLEASE fill out your information below:

Your Company Name: _____

Your Credit Card Billing Address: _____

Your Name: _____

Phone _____

Fax _____

E-mail _____

**** We require that you provide us with your credit card billing address for verification of your credit card charge.**

The undersigned hereby authorizes Vexcon Chemicals, Inc. dba Polysat Inc. to use the credit card specified below for payment of all goods and services provided to the company named above. The undersigned agrees that all sales are subject to Vexcon's published materials Limited Warranty and Terms and Conditions of Sale expressly incorporated herein and can be changed without notice. You may view our Warranty's and Terms and Conditions of Sale at vexcon.com. The undersigned also agrees with the sales order acknowledgement attached hereto and that the facsimile of your signature can be considered authorization to charge this card. Please provide your credit card information below **(we do not accept American Express or Discover)**: Note: For security purpose all credit card information is routinely destroyed. Product Returns are subject to Vexcon's Return Policy and additional fees will apply. Customers with open balances who pay by credit card will be subject to a convenience fee of 3%.

Bill My Credit Card (please check): Visa Master Card

(we do not accept American Express or Discover):

Card # _____ **Exp Date** _____

CVV2# _____ **(three digit code on the back of credit card)**

I authorized \$ _____ **to be charged to this credit card.**

Cardholder's Signature _____ **Date** _____

Card Holders Name (Print) _____

Please sign below and fax this document to (267) 538-5800 or (215) 332-9997 as agreed and acceptance of these terms, to the attention of Customer Service or Accounting. If you have any questions, please contact us at (215) 332-7709.