

► Credit Card Authorization Form

Space Machine, Inc.
955 Benecia Ave.
Sunnyvale, CA 94085

P 408.992.0899
F 408.992.0886

INSTRUCTIONS

1. Complete form with credit card billing information
2. Sign where indicated
3. Submit this form back to Space Machine, Inc. by fax

SUBMIT TO:

1-408-992-0886

Space Machine, Inc.
ATTN: Credit Card Billing

Date _____ Invoice Ref. # _____
(Optional)

* Cardholder Name: _____

* Credit Card ☐ Visa ☐ MasterCard ☐ American Express

* Card Number: _____

* Expiration Date: _____ * CVV Number: _____ (3-4 Digit Security Code)

* Billing Address: _____

* City: _____

* State/Province: _____ * Zip/Postal Code: _____

* Country: _____

* Phone Number: _____

Email Address: _____

I authorize Space Machine, Inc. to charge my credit card in the amount of:

\$ _____ USD (U.S. Dollars)

* Printed Name: _____

* Signature: _____

* Date: _____ * **Required Fields**

FOR SPACE MACHINE INTERNAL USE ONLY (do not complete this section)

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTH CODE	NOTES