

Customer Credit Card Authorization Form

SOLD TO _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax Number _____

E-Mail Address _____

COMMENTS/SPECIAL INSTRUCTIONS

Please complete this section if paying by credit card Discover Mastercard Visa Amex

Credit Card Number

Expires

Card Security Code (CCID) _____

Please print name EXACTLY as it appears on card _____

Billing Address of Card Holder _____

City _____ State _____ Zip _____

Country _____

I do hereby authorize eStarland.com to process payment for all orders, made by fax, phone or email, to the above referenced credit card. I assume responsibility for all payments pertaining to my account and do state that I am the cardholder. I have included a copy of the front & back of the credit card and understand if the copy is not received, the orders will not be processed. I do also agree to abide by the Sales & Return Authorization Policies established by eStarland.com. I have read the above conditions & hereby agree to the terms of this sale.

Authorized Signer _____ Date _____

Printed Name of Signer Above _____



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