

DayStar Filters LLC

Credit Card Authorization Form

Fax completed form to one of the numbers below

CREDIT CARD INFORMATION

Name: _____ (as shown on CREDIT CARD)

Credit Card Type: VISA MC AMEX DISC

Credit Card No:

CID: (last 3-digits of code from back of card... if AmEx, 4 digit on front) Exp Date: /

Billing Address (Must match the billing address of your credit card statement):

Card Holder's Home Phone: _____

TOTAL CHARGE =

I hereby authorize DAYSTAR FILTERS to charge my card in the amount of \$ _____ for payment of goods and services related to my astronomical specialty product.

(SIGNATURE OF CARD HOLDER MUST BE SAME AS SHOWN ON CARD)

Please fax or mail this completed form to our offices at: 1-866-791-0448

- All sections, calculations, and customer's credit card billing address must be completed in this form before goods or services can be shipped.
- A imprint and signature from the authorized signer must still be obtained for corporate cards.
- Delivery charges will only be charged once.
- DayStar Filters LLC will accept Visa, Master Card, American Express and Discover. We do not accept Third Party credit cards. We will obtain the approval on the credit card.
- DayStar Filters LLC may appear on the cardholder's statement.
- Any questions or concerns should be directed to DayStar Filters LLC at 660-747-2100, info@DayStarFilters.com or by mail at 149 Northwest OO Highway, Warrensburg, MO 64093.