



MOONBLINK®

Credit Card on File Authorization for Moonblink Incorporated

Legal Business Name _____

Trade Name – DBA _____

Primary Contact: _____ Primary Contact Email: _____

Phone # _____ Fax # _____

Billing Address _____ City, State, Zip _____

Shipping Address _____ City, State, Zip _____

Credit Card #: _____

Expiration Date: _____ Type: (Circle One): Discover VISA MC American Express

Issuing Bank: _____

I hereby authorize Moonblink Incorporated (DBA: Moonblink Communications) to charge my credit card for any and all purchases made from Moonblink Communications by the Company or Individual listed above. I understand that my credit card will be charged when the goods are shipped, unless other arrangements have been made.

This form will be valid and kept on file only for a period of one year.

Cardholder Signature: _____ Date: _____

Moonblink Communications

• 1211 Alderwood Avenue, Sunnyvale, California 94089 • Tel: (408) 850-1143 • Fax: (866) 879-2129 •