



MOONBLINK®

One Time Credit Card Authorization for Moonblink Incorporated

Order Number: _____ Amount: \$ _____
Full Name on Card: _____
Phone # _____ Fax # _____
Billing Address _____ City, State, Zip _____
Credit Card #: _____ Verification Code: (CVV) _____
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 the purchase amount indicated above. I understand that my credit card will be charged when the goods are shipped, unless other arrangements have been made.

Cardholder Signature: _____ Date: _____

Moonblink Communications

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