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CREDIT CARD CHARGE AUTHORIZATION FORM

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City: _____ State: _____ Zip: _____

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Credit Card Number: _____

Amount: _____ Expiration Date: _____

Date: _____ Verification Code _____ (last three digits on the band for your signature on the back of your card) I authorize DBA Space Logistics (North Cray Company, LLC) to charge my credit card with the amount established above, for services and/or goods received at my entire satisfaction.

I further confirm that I have read and accepted your terms and conditions and that I agree to abide by the terms and conditions stated in your terms and conditions sheet.

Signature of authorization

Please Fill, sign and fax back to 800-621-0353

FormaFPE02

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