

Credit card authorization form

For your convenience, Inmarsat now accepts payments on account via the Internet.

The address is <https://www.stratosgateway.com/ccform/>

You may fax this completed form to the Inmarsat Billing Department at +1 709 724 5339 or scan and email to:

support@stratosglobal.com



PLEASE PRINT CLEARLY & COMPLETE ALL SECTIONS THAT APPLY

SECTION A: CUSTOMER INFORMATION

Inmarsat Account Number: _____ Date: _____

Please choose one of the following options:

_____ I authorize Inmarsat to charge the credit card documented below as per my instructions.

_____ I authorize Inmarsat to charge the credit card below for security deposit fees.

_____ I authorize Inmarsat to charge the credit card below for equipment fees.

_____ I authorize Inmarsat to charge the credit card below for pre-paid airtime fees.

_____ I authorize Inmarsat to directly bill the credit card below on an automatic basis.

SECTION B: INSTRUCTIONS

Invoice Number	Amount	Currency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION C: CREDIT CARD INFORMATION

Credit Card:

VISA MasterCard

Type of Credit Card:

Personal Card Company Card Government Card

Credit Card Number: _____ **Date of Expiration:** _____

Name on Card: _____ **Signature:** _____

For Fraud Protection, please complete the following:

Country in which your credit card was issued: _____

Billing address where you receive credit card statement: _____

Telephone number registered with credit card company: _____