

## 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](mailto: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: \_\_\_\_\_