



**Morning Star Interactive, Inc.
Credit Card Authorization Request**

If you would like the convenience of having us submit your bill to your credit card for payment, please fill out the Credit Card information below and sign the form. Upon approval, we will bill your credit card for the amount indicated, and your total charges will appear on your next monthly card statement.

CUSTOMER INFORMATION

Customer Name: _____ Phone: _____

PAYMENT INFORMATION:

I hereby authorize Morning Star Interactive, Inc. to bill the credit card listed below, for the amount specified.

Amount \$ _____ Invoice # _____ Date: __/__/__

CREDIT CARD INFORMATION:

Credit Card Type Visa Master Card Discover American Express

Credit Card Number _____ Expiration Date _____

Cardholder's Name _____
(as shown on credit card)

Cardholder's Zip Code (required) _____

Customer's Signature: _____ Date: _____
