



CREDIT CARD INFORMATION UPDATE FORM

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If any information has changed, please update it below: [] Information has not changed

CUSTOMER NAME _____

FAX NUMBER _____

ALTERNATE PHONE _____

DAYTIME PHONE NUMBER _____

NEW BILLING ADDRESS _____

CITY STATE ZIP COUNTRY

Outfitter Satellite can now provide certain **automated notifications via email**. These currently or in the near future will include prepaid SIM card low-balance alerts and other alerts related to the use of prepaid cards, online payment notifications for customers using our online billing options, satellite network downtime alerts, alerts relating to changes in rates, etc.

Please provide a current **email address** if you wish to receive e-notifications: _____

NEW PRIMARY CREDIT CARD

Complete only if card's billing address different than *Customer Billing Information*

CREDIT CARD BILLING ADDRESS

CITY STATE ZIP COUNTRY

CONTACT PHONE NUMBER (if different than on contact information): _____

Cardholder WARRANTS [authorizes] that he/she is the cardholder or an authorized user of this card. The undersigned hereby submits his or her credit card information as a guarantee that all hardware purchases, service, activation and other usage charges will be paid and also agrees that these charges may be made against this card. Furthermore, THE UNDERSIGNED AUTHORIZE INQUIRY AS TO CREDIT INFORMATION.

CREDIT CARD NUMBER _____ EXP. DATE (MM/YY) _____
 American Express Visa Discover MasterCard

3 (OR 4) DIGIT PANEL CODE:
IF PANEL CODE IS NOT PROVIDED, FRONT & BACK PHOTOCOPIES OF CARD MUST BE SUPPLIED.

NAME OF CARDHOLDER AS IT APPEARS ON CARD _____

Signature of Cardholder: _____ **Date:** _____

NEW SECONDARY CREDIT CARD

Complete only if card's billing address different than *Customer Billing Information*

CREDIT CARD BILLING ADDRESS

CITY STATE ZIP COUNTRY

CONTACT PHONE NUMBER (if different than on contact information): _____

Cardholder WARRANTS [authorizes] that he/she is the cardholder or an authorized user of this card. The undersigned hereby submits his or her credit card information as a guarantee that all hardware purchases, service, activation and other usage charges will be paid and also agrees that these charges may be made against this card. Furthermore, THE UNDERSIGNED AUTHORIZE INQUIRY AS TO CREDIT INFORMATION.

CREDIT CARD NUMBER _____ EXP. DATE (MM/YY) _____
 American Express Visa Discover MasterCard

3 (OR 4) DIGIT PANEL CODE:
IF PANEL CODE IS NOT PROVIDED, FRONT & BACK PHOTOCOPIES OF CARD MUST BE SUPPLIED.

NAME OF CARDHOLDER AS IT APPEARS ON CARD _____

Signature of Cardholder: _____ **Date:** _____

EXISTING CUSTOMERS DO NOT NEED TO INCLUDE PHOTOCOPIES OF PHOTO ID OR CREDIT CARD