



In order to process a credit card order at Callisto, the following form must be completed

CREDIT CARD AUTHORIZATION FORM

Customer Acct#: _____ (if known)

Credit Card Type(check one): VISA MASTERCARD AMEX DISCOVER

Credit Card #: _____ 3 digit code on back of card: _____

Expiration Date: _____ Telephone # on back of card: _____

Company Name: _____

Cardholder Name:- _____ (Exactly as it appears on credit card)

Billing Address: _____

City, State, Zip: _____

Telephone #: _____ Email Address: _____

Shipping Address same as Billing Address?(Yes No) If No, List shipping address below

Callisto Communications Sales Person: _____

Authorization Required if shipping to an Alternate Shipping Address

As the credit card holder, I authorize Callisto Communications, Inc to use the credit card for purchases shipped to an address other than above.

One Time Use Only

As the credit card holder, I authorize Callisto Communications, Inc to use the credit card for payment of this purchase only

Permanent Credit Card Use

(optional) As the credit card holder, I authorize Callisto Communications, Inc to use the credit card for future purchases when verbally approved by me.

I have read and agree to the above conditions, and have been informed that this credit card information and signature is to be held with Callisto Communications, Inc. and all information on this form will be kept strictly confidential by Callisto Communications, Inc.

Signature: _____ Date: ____/____/____

Fax this completed form to:

636-812-3619

Mail this completed form to:

**Callisto Communications LLC
18075 Edison Ave.
Chesterfield, MO 63005**