



CREDIT CARD AUTHORIZATION FORM

SOFTWARE OWNER INFORMATION:

Name: _____ **ID# or Cedula #:** _____

Address: _____ **Phone #:** _____

_____ **E-mail:** _____

I _____, authorize Cosmic Patterns Software, Inc. to charge the amount of \$ _____ to my credit card for the order of the following products including the shipping cost:

List of Products: _____

Shipping Method: _____ **Shipping Cost: \$** _____

CREDIT CARD INFORMATION:

Credit Card #: _____ **Expiration Date:** _____ **Card Type:** _____

Name that appears on card: _____

Credit card billing address: _____

Card Holder's Phone #: _____ **E-mail:** _____

Attached is a copy of the front and back of my credit card, and ID card or Cedula. I confirm that I am the authorized and legal Card Holder (owner) of this credit card.

Card Holder's Signature: _____

PLEASE FILL THIS PAGE OUT, PRINT IT, and THEN MAIL OR FAX IT TO:

COSMIC PATTERNS SOFTWARE, INC.
6212 NW 43rd STREET, SUITE B
GAINESVILLE, FL 32653
Fax #: 352-374-8826
E-mail: kepler@astrosoftware.com