

**PAYMENT AUTHORIZATION:**

**Payment Information for Client:**

- 1. **Payment by Credit Card:** The following credit card is authorized for all payments due .

Credit Card (Circle One)	Visa	MasterCard	American Express
Card Number			
Name of Card Holder			
Expiration Date			
Card Security Code			
Issuing Bank			
Billing Address to Card			

Client hereby agrees that 3 Star Inc is authorized to charge this Credit Card for all payments due .

**X**

\_\_\_\_\_  
Signature of Card Holder

- 2. **Payment by Pay Pal:** If you want to do direct fund transfer from your PayPal account then you can send it to our PayPal id [logann@3starinc.com](mailto:logann@3starinc.com).
- 3. **You may send the check (in the name of 3 Star Inc) to us at-**

9487 King Air Ct . Ste C  
Ashland, VA,  
Zip: - 23005

**PLEASE COMPLETE ALL OF THE REQUESTED INFORMATION BELOW**

Company Name:	
Address:	
Date:	
Authorized Signature:	
Title:	
Contact Person	

**KINDLY COMPLETE PAYMENT INFORMATION AND FAX BACK ALONG WITH SIGNED AGREEMENT ABOVE TO US AT 804-550-7204** cf 7`jW`h Ygi Va JhVi Hcb`VYck`UbX`h YZ`fa`k J`VYgYbhic`i g`Y`YWfcbjWJ`m

Please duly sign and fax back to us at 804-550-7204.