

CREDIT CARD AUTHORIZATION

(Please fill out completely and scan and e-mail or fax to ORION.)

I, _____, authorize **ORION COMMERCIAL SERVICES, LLC**
to bill my credit card as follows:

CREDIT CARD TYPE (circle one):



CREDIT CARD NUMBER: _____

NAME AS IT APPEARS ON CREDIT CARD: _____

CREDIT CARD EXPIRATION DATE: _____

CREDIT CARD VERIFICATION NUMBER: _____

PLEASE BILL MY ACCOUNT:

(U.S. Dollars) \$2,500 today and \$2,500 on or about the _____ day of _____ each
year thereafter.

CARDHOLDER'S BILLING ADDRESS (including Zip Code):

City State Zip Code

Cardholder's Signature

Date