



**Satellite Broadcasting  
and Communications  
Association**

### **CHARGE AUTHORIZATION**

I authorize SBCA to charge my credit card:

Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_

The amount of \$ 20.00 Invoice number: \_\_\_\_\_ (Internal Use)

Purpose: Document Reprinting

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Acct. No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Please complete this form and fax it back to SBCA at 202-349-3621 Attn: Education. If you have any questions please call 800-541-5981.

Thank you!