



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			

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.
- 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	

PLEASE COMPLETE PAYMENT INFORMATION - email to logann@3starinc.com or FAX BACK ALONG WITH SIGNED AGREEMENT ABOVE TO 804-550-7204.