



AXXESS MARINE DIRECTV USA CLIENT FORM

PROGRAMMING _____ # OF T.V.s _____

LOCALS	YES	NO	CCK (RES ONLY)	YES	NO
			AUTO PAY	YES	NO

VESSEL NAME _____
 CUSTOMER NAME _____
 CUSTOMER ADDRESS _____
 CITY/STATE/ZIP _____

*DIRECTV REQUIRES A US ADDRESS FOR ACTIVATION

BILLING NAME _____
 BILLING ADDRESS _____
 BILLING CITY/STATE/ZIP _____

NOTES: _____

**DIRECTV REQUIRES A CREDIT CARD FOR ACTIVATION

CREDIT CARD DETAILS

VISA: _____ EXP: _____ CCV: _____

MASTER CARD: _____ EXP: _____ CCV: _____

DISCOVER: _____ EXP: _____ CCV: _____

AMERICAN EXPRESS: _____ EXP: _____ CCV: _____

APPROVAL SIGNATURE: _____
 PRINTED NAME: _____
 DATE: _____