

# **RELIANCE CUSTOMS BROKERAGE**

## **Credit Card Authorization Form**

Name on the Card: \_\_\_\_\_

Type of Card: Visa \_\_\_\_ MC \_\_\_\_ AmEx \_\_\_\_ Discover \_\_\_\_

Account number: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Invoice Number: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_

4% Credit Card Fees: \_\_\_\_\_

By signing this form, you authorize RELIANCE CUSTOMS BROKERAGE to charge your card for the amount listed above.

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

Signed: \_\_\_\_\_

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