



## Credit Card Authorization Form

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

### Shipment Information:

JCR Ref# \_\_\_\_\_

MB/L# \_\_\_\_\_ Cartons: \_\_\_\_\_

HB/L \_\_\_\_\_ Weight: \_\_\_\_\_

Invoice# \_\_\_\_\_ Invoice Date: \_\_\_\_\_

USD Amount Due: \_\_\_\_\_

Sign and complete this form to authorize John C Riccardo CHB to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount noted on this form on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_ authorize John C Riccardo CHB to charge my credit card account indicated below for the amount of \_\_\_\_\_ on or after \_\_\_\_\_.

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

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

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

Email: \_\_\_\_\_

Account type:      Visa                      Master Card                      Amex                      Discover

Check box below card name                                                                       

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

Account Number: \_\_\_\_\_

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

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

I authorize John C Riccardo CHB to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid fo one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the tems indicated in this form.