

Credit Card Authorization

TRANS CARIBE

Express Shippers

163 Tremont Avenue
East Orange, NJ 07018

This is a written authorization for Trans Caribe Express Shippers, Inc. to charge the following amounts to the card(s) listed below for the transaction(s) listed. This transaction is submitted in accordance with all "card not present" regulations. Information provided below is required to process the transaction, please complete in its entirety.

We process credit card payments upon receipt.

Please PRINT CLEARLY in blue or black ink.

APPLICANT'S INFORMATION

Please enter the name of the person or company this payment is being made for.

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

COMPANY NAME: _____

CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CARD: _____

STREET ADDRESS: _____

APT / UNIT / PO BOX: _____

CITY: _____

STATE: _____

ZIP+4: _____

Total Amount Due: \$ _____

Invoice / Reference # _____

Please charge to the following credit card:

MasterCard

Visa

AMEX

Expiration Date: (Month) ____ (Year) ____

Credit Card No.: -- -- --

ICV# (MC/Visa: 3-digit # on signature line, AMEX: Pin# on front of card): _____

If there is a problem processing this payment, we would like to be able to reach you by phone.

Optional: Daytime telephone number: () -

Cardholder's Signature: _____

Date: _____

NOTE: PHOTO ID FOR THE AUTHORIZED PERSON IS REQUIRED WITH THIS FORM.