



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Port to Port Int'l Corp. 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 indicated 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

	VIN	SHIPMENT	TOWING	OTHER(S)	OTHER(S)	OTHER(S)	TOTAL
1							\$0.00
2							
3							
4							
5							
6							
Total							\$0.00

CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CREDIT CARD / NOMBRE COMO APARECE EN LA TARJETA:

STREET ADDRESS: DIRECCION

APT / UNIT / P.O. BOX

CITY/CIUDAD:

STATE/ESTADO:

TOTAL AMOUNT DUE:

Proc. Fee 3%

Total

PAYMENT AUTHORIZATION

Please charge to the following credit card:

MasterCard
 Visa
 Discover
 Amex

Exp. Date: (month) (year) Card Identification Number (CVV2)

Credit card number:

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

Optional (daytime phone number)

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Card holder's signature:

Date:
