



Credit Card Authorization Form
[AMERICAN EXPRESS NOT ACCEPTED]

Completed form must be faxed to 973-465-8826

I _____, hereby authorize PORT NEWARK CONTAINER TERMINAL L.L.C. to charge my credit card account in the amount not to exceed:

\$ _____ (Total for All Containers) Contact Name: _____

() VISA () MASTERCARD () DISCOVER () DINERS CLUB

Credit Card Number: _____

Expiration Date: _____ / _____ VID Code: _____ **MANDATORY**

Credit Card BILLING Address: _____ Address Must Match Card

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____ Fax: () _____ - _____ Email: _____

As the credit card holder, I hereby authorized the services being performed at PORT NEWARK CONTAINER TERMINAL LLC.

Cardholder's Signature _____ / _____ / _____
Date

(Optional) As the credit card holder, I also authorized PORT NEWARK CONTAINER TERMINAL L.L.C. to charge my credit card for purchases verbally approved by me. Please Create card and file _____ (please check)

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. PORT NEWARK CONTAINER TERMINAL L.L.C. will keep all information entered on this form strictly confidential.

CONTAINER #

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

PNCT

241 Calcutta Street ♦ Port Newark, NJ 07114

Phone: 973-522-2239 · Fax: 973-465-8826 · Web: www.pnct.net · Email: customerservice@pnct.net