

PORTS AMERICA

Credit Card Authorization Form

**[AMERICAN EXPRESS NOT ACCEPTED]**

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

\$ \_\_\_\_\_ (Please include amount paying) Contact Name: \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ VID Code: \_\_\_\_\_ **MANDATORY**

Credit Card **BILLING** Address: \_\_\_\_\_ **Billing Address ONLY**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cardholder's Signature Date

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.

Authorization Valid Until: \_\_\_\_\_ / \_\_\_\_\_ Initials Here: \_\_\_\_\_

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. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Ports America, Inc..**

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