

CREDIT CARD AUTHORIZATION

CHECK ONE: **Visa** **Mastercard**

Client Name: _____

Client Number: _____

Credit Card Number: _____

Expiry Date: _____

Name On Card: _____

Amount: _____

File/Invoice Number: _____

Signature: _____ Date: _____

Yours Sincerely,

Receivables Department
A & A Contract Customs Brokers USA, Inc.[®]