

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ VISA _____ MasterCard _____ Amex

Credit Card Number: _____

Expiration Date: _____

CVV Code: _____
(last 3 digits located on the back of the credit card – For Amex it's the 4 in the front)

I authorize C & R Customs Brokers a division of Robert Conyers C.H.B. To charge my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature: _____

Name: _____

Dated: _____

Once signed please return the completed form Via fax or scanned and email to:



C & R Customs Brokers
Fx: 305-885-5243
Email: RyanRConyers@Aol.com
Email: RConyers@Aol.com