



Credit Card Charge Authorization Form

Card Holder Name: _____

Billing Address: _____

_____ Zip Code _____

Card Type: Visa Master Card AMEX Discover

Credit Card Number : _____

Expiration Date: _____

Card Identification Number: _____



*Card
Identification
Number*



Card ID

Amount to Charge: _____

W/R# or Reference#: _____

Signature: _____ Date: _____

Fax back to: (305) 477-0790 or E-mail to: info@fourstarcargo.com

www.fourstarcargo.com 7640 NW 63rd St Miami, FL 33166