



CREDIT CARD PAYMENT AUTHORIZATION FORM

<u>Customer Information</u>			
Customer Name:			
Vessel:			
Address:			
Phone number:			
Fax number:			
<u>Payment Information</u>			
Invoice number:		(If applicable)	
Payment amount:	\$		
Card type (check one):	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Card number:			
Expiry date:			
Name on card:			
<i>I / we authorize Platinum Marine Services Ltd. to charge my / our credit card as indicated above.</i>			
Signature of authorization:			
(Office use only)			
Date of payment:			
Receipt of payment signature:			