



CREDIT CARD AUTHORIZATION FORM

DATE: _____

EMAIL ADDRESS: _____

COMPANY: _____

CUSTOMER NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

CREDIT CARD #: _____

EXP. DATE: _____

3 DIGIT SECURITY CODE #: _____

(LOCATED ON BACK OF CARD)

I HEARBY AUTHORIZE DOLLER OFFSHORE MARINE INC TO RUN MY CREDIT CARD NUMBER FOR ANY PURCHASES AND/OR SERVICES RENDERED.

SIGNATURE: _____

WE ARE ONLY ACCEPTING VISA & MASTERCARD

If Checked, PLEASE PROVIDE THE FOLLOWING ON A SEPARATE PAGE

- A COPY OF YOUR DRIVERS LICENSE
- A COPY OF CREDIT CARD

FAX#: 954-237-0340
ATTENTION: Dana ,Julio or Mac