



CREDIT CARD AUTHORIZATION

Please fill in the following information and sign in the space below as authorization for a **ONE TIME** charge to this credit card in the amount as identified and defined below.

AMOUNT OF CHARGE[+3.5%,+4% for American Express Credit Card Fee*]: _____

NAME [As it appears on card]: _____

ADDRESS [card billing address]:

CARD* #

CHECK ONE: VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ OTHER _____

***We ACCEPT: VISA*, MC*, AMEX*, DISCOVERY*, BANK WIRE, CHECK, & CASH**

[*for credit card use, add 3.5% to invoice total for VISA/MC/DISCOVERY, for AMERICAN EXPRESS, add 4%, for BANK WIRE, add \$35.00 per wire transaction- [1] incoming [2] outgoing payment on client behalf]

EXPIRATION DATE _____
[MM / DD / YYYY]

CID CODE [visa/MC- 3 digit number on back of card/ 4 for AMEX] _____

SIGNATURE BELOW IS APPROVAL BY AUTHORIZED CREDIT CARD HOLDER TO USE THE CREDIT CARD INFORMATION AS CONTAINED HEREIN FOR AUTHORIZED PAYMENT OF PURCHASES OR ANY OUSTANDING BALANCES AUTHORIZED BY CARDHOLDER FOR PAYMENT.

SIGNATURE _____
AUTHORIZED SIGNATURE _____ DATE _____

YACHTEZ IMPORT LLC

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If you have any questions concerning invoice or payment, please contact Management

Phone Number + 954 767 8855, E-mail Address: YachtEZ@aol.com

PAYMENT DUE UPON RECEIPT