



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Carib Jack Group to charge my Credit/Debit card for the attached for the total outlined below:

Invoice # _____

Invoice total: _____ ECD USD

Check one: Visa MasterCard

Name as it appears on card: _____

Credit Card #: _____

Exp. Date (mm/yy): _____ VID Code: _____

Credit card Billing Address:	
Street	
City	
State	
Zip Code	
Country	
Telephone	

As the credit card holder, I hereby authorize my credit card to be for the services mentioned above and agree to pay the 6% service charge on the invoice total.

Cardholder's Signature

Date