EST. 2010

NAME: _____

ADDRESS: _____

TELEPHONE:_____

I.D TYPE:_____

I.D NUMBER:_____

I, _____, hereby authorize CARIB JACK to charge my Credit/Debit card for services rendered.

Check one: Visa_____ MasterCard_____ American Express _____

Name as it appears on card: _____

Credit Card #: _____

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

INVOICE# _____ INVOICE TOTAL: _____

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