



**2775Burriss Rd. Ste 6B-1 Davie, FL 33314**

**954-764-5700 800-327-2298(outside FL) 954-764-8233(fax) email: Kevin@SwadAutoTransporters.com**

## **Credit Card Authorization Form**

PLEASE PRINT OUT AND COMPLETE ALL FIELDS ON THIS AUTHORIZATION AND RETURN TO US.  
All information will remain confidential.

Cardholder Name (as appears on card): \_\_\_\_\_

Billing Address Complete (including zip code): \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_



Card Identification Number (last 3 digits located on the back of the credit card or 4 digits on front for AMEX): \_\_\_\_\_



Amount of Deposit or Transport Charge: \$ \_\_\_\_\_ (USD)

Plus 3% Administrative fee (+): \$ \_\_\_\_\_ (USD)

**Total Amount of Charge: \$ \_\_\_\_\_ (USD)**

**\*A 3% administrative fee will be added to the Amount to Charge for using this method of payment\***

I authorize Swad Auto Transporters to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

**Cardholder – Sign, Print Name and Date Below:**

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\* A 3% administrative fee will be added to the Amount to Charge for using this method of payment\***