SWAD AUTO TRANSPORTERS INC
SINCE 1989
"HERE FOR THE LONG HAUL"

2775Burris 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

COMPLETE ALL FIELDS ELECTRONICALLY OR PRINT AND COMPLETE. RETURN SECURELY.
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*