



12535 Orange Drive Ste 615 Davie, FL 33330  
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## CREDIT CARD PAYMENT FORM

**Card type:** .....

**Cardholder name:** .....

**Card number:** .....

**Expiration date:** .....

**Security Code:** .....

**Cardholder signature:** .....

**Credit Card billing address:** .....

.....

.....

**Amount to pay:** .....

**Invoice#, Quote# or BL# paying:** .....

\*\*\*\*\*AMEX / VISA / MASTER CARD ONLY\*\*\*\*\*

I agree to pay the above amount according to card issuer agreement. If paying based on a quote, please note that any changes on the rate quoted resulting from a difference in the weight, measurements, classification of freight, need of special equipment or addition of accessorial charges will be billed to the credit card above accordingly.