



# MOTOPORT USA

## *Credit Card Authorization Form*

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

---

All fields are required to be filled out. Credit card will be processed for full invoice amount if payment is not received 30 days of invoiced date. A late fee of 3% will also be processed.

Name as it appears on company credit card:\_\_\_\_\_

Address with zip code as it appears on company credit card:\_\_\_\_\_

Phone number:\_\_\_\_\_

Credit card number:\_\_\_\_\_

Expiration date:\_\_\_\_\_

Security Code:\_\_\_\_\_

I hereby authorize the above company to process the amount owed if not paid within 30 days of invoiced date.

Authorized Representative:\_\_\_\_\_

Authorized Signature:\_\_\_\_\_