



As Agents for Hybur Ltd.
 3740 West 104th Street (Suite 1)
 Hialeah, FL 33078



AUTHORIZATION NUMBER : _____

Credit/Debit Card Authorization Form

From:			
Phone number(s):			
Date submitted:			
Fax number:			

Credit/Debit Card Information

*** (Please enter the Name and billing address as it appears on your credit card). ***

Name on Credit Card:			
Street Address:			
City:			
State & Zip Code:			
Telephone Numbers:	Home: (____) _____	Cell#: (____) _____	

Credit Card Type:	Mastercard: <input type="checkbox"/>	Visa: <input type="checkbox"/>	AMEX: <input type="checkbox"/>
Credit Card Number:			
Security Code:	(____)	Expiration Date:	____/____

I _____ authorize Hyde Shipping to Charge the above Credit Card for the following invoice(s) or Bill of Lading(s) and amount(s).

B/L # or Inv #	Amount	B/L # or Inv #	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Amount to be charged: \$ _____

Customer's Signature: