Credit Card Authorization

Secure payment authorization form

For your protection, please only send via email to jmercado@shiprose.com.

CARDHOLDER INFORMATION

Cardholder name

Company (optional)

Billing address

City

State / Province

ZIP / Postal code

PAYMENT INFORMATION

Card type

- ☐ Visa
- ☐ Mastercard
- ☐ American Express
- ☐ Discover

Card number

Expiration (MM/YY)

CVV

TRANSACTION DETAILS

Invoice number(s)

Invoice amount

Processing fee

2.5% - Visa / Mastercard / Discover

3.5% - American Express

Fee amount

Total authorized charge

AUTHORIZATION

I authorize Rose Containerline, Inc. to charge the total amount shown above to the card identified on this form. I certify that I am the authorized cardholder and agree that this authorization may be used as a record of the transaction. I am aware that by signing this agreement that this sale is final.

Authorized signature

Date

Phone number

Email address

ROSE CONTAINERLINE, INC.

733 Third Avenue | 16th Floor | New York, NY 10017 | Tel: (212) 966-0084 | Fax: (212) 966-5141

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