

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX: (904) 215-9243 OR BY EMAIL gladdings@msn.com

Cardholder Name _____, Signature: _____

Email: _____

Credit Card Type: VISA _____, MASTERCARD _____, DISCOVER _____

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date:

____ / ____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



THE ABOVE SIGNED AUTHORIZES GLADDING MARINE SURVEYING TO CHARGE THE
FOLLOWING ACCORDING TO SCHEDULE ON WORK ORDER:

Amount Charged: \$ _____ (USD)

Apply Amount to:

_____ Marine Survey

_____ (Other: _____)

FAX or email the authorization to:

Gladding Marine Surveying & Consulting, LLC
1738 Pickwick Place
Fleming Island, Florida 32003

Phone (904) 945-0511 Fax (904) 215-9243 Email: gladdings@msn.com
Web site: gladdingmarinesurvey.com