CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY EMAIL ADDRESS AT BOTTOM OF PAGE

Cardholder Name	, Signature:
Email:	
Credit Card Type: VISA, MASTERCA	ARD, DISCOVER
Credit Card Number:	
Expiration Date:	
Billing Zip Code:	
Card Identification Number (last 3 digits located	d on the back of the credit card):
VISA VO0000111122223333 999 Card Identification Number VISA VISA VISA VISA VISA VISA VISA VISA	
THE ABOVE SIGNED AUTHORIZES GLADS FOLLOWING ACCORDING TO SCHEDULE	DING MARINE SURVEYING TO CHARGE THE ON WORK ORDER:
Amount Charged: \$(USI	D)
Apply Amount to: Marine Survey	
(Other:)
Email the authorization to: Gladding Marine Surveying & Consulting, LL 1738 Pickwick Place Fleming Island, Florida 32003	C

Web site: gladdingmarinesurvey.com

Phone (904) 945-0511 Email: gladdings@msn.com