

186A Lee Burbank Highway Revere, MA 02151 Tel: 781-286-2700 Fax: 781-286-4346

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION				
Customer Name:				
Credit Card Type: ☐ Vis	a ☐ Master Card	d □ American E	xpress	☐ Discover
Credit Card Number:			Expiration Date:	
Name as it appears on Credit Card:		CVC2 Code:		
Payment Amount (US Dollars):				
	CREDIT CARD BIL	LING ADDRESS		
Street Address:				
City:				
State:	Zip/Postal Code:	С	ountry:	
Phone Number: Fax Number:				
PAYMENT INFORMATION				
File / Invoice / Reference Number or Description of Services				Total
Subtotal:				
3.0% Handling Fee:				
Total:				
I authorize OCEANAIR, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above with the mandatory 3.0% handling fee, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.				
Signature:		Date:		
	*** For Office \	Use Only ***		
Approved Approval Code				
Declined				

Instructions for Completing the Credit Card Authorization Form

Credit Card Information

- Fill in all credit card information including the payment amount to be charged to your credit card. Form must be signed and dated by the cardholder for validation. OCEANAIR, Inc. cannot process credit card payments without an authorized signature.
- OCEANAIR, Inc. does not accept debit cards or check cards that require use of a personal identification number as a method of payment.

Credit Card Billing Address

 For verification purposes, address information must be filled out as it appears on credit card monthly statement. Failure to complete the address information, including zip/postal code, may result in the payment not being accepted by your credit card institution.

Payment Information

 To properly apply your payment, please indicate PO number (if applicable) and file/invoice/reference number or description of services to which you want to apply this payment.

Important Information

- Subtotal listed on the Credit Card Authorization Form does not include the 3.0% handling fee.
 The handling fee is mandatory in order to process the credit card payment.
- You may also contact our accounting department via phone at 781-286-2700 or by email at dmartis@oceanair.net if you have any questions and/or need additional information.