



8462 NW 70TH STREET. MIAMI, FL 33166. TEL: +1 786 863 1449

CREDIT CARD AUTHORIZATION REQUEST FORM

Date: ___/___/_____

Request From : _____.

To Whom My Concern:

I hereby authorize BVA Export to charge my credit card for the purchase of any product(s) and/or service(s), which correspond to a sales order, submitted by my firm, it's principal, and or representatives.

Credit Card (please mark one):

Visa () Master Card () American Express ()

Invoice Number: _____ Amount \$: (_____ . ____)

Credit Card Number: _____ - _____ - _____ - _____.

Full Name of Card Holder: _____

Expiration Date: ___/___ CCV: _____

Credit Card Billing Address: _____

Telephone: _____ Cellular: _____ Fax: _____

The information contained herein is true and accurate to best of knowledge; I accept the terms and conditions set forth in the corresponding credit card agreement and BVA Export sales policies.

I am the authorized signer on the above card and hereby give BVA Export permission to bill the credit card.

AUTHORIZE SIGNATURE: _____

DATE: ___/___/_____