

CREDIT CARD AUTHORIZATION FORM

BLUE OCEAN TRADERS
1455 South 7th Street
Louisville, KY 40208
P 502-637-1840
F 502-637-1841

COMPANY NAME / ADDRESS:

CREDIT CARD #

EXP DATE

CVS CODE:

APPROVED (\$) AMOUNT TO BE CHARGED TO THE CREDIT CARD ABOVE:

CARDHOLDER FIRST AND LAST NAME (AS IT APPEARS ON THE CARD):

CREDIT CARD BILLING ADDRESS:

AUTHORIZATION:

This authority provides the staff of Blue Ocean Traders with the approval to use the credit card account shown above for payment of services or goods provided by Blue Ocean Traders. Please notify Julia@blueoceantraders.com immediately with any changes to credit card information, or if you were incorrectly charged.

AUTHORIZED SIGNATURE / E-SIGNATURE:

DATE: