



6800 NW 68nd Ave, FL. 33166 Ph. 305 2272111

CREDIT CARD AUTHORIZATION REQUEST FORM

Date: __/__/__

Consignee/ Agents # : _____

To Whom My Concern:

I hereby authorize MGK Global LLC dba MagaExpress. 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, its principal, and or representatives.

Credit Card (please mark one):

Visa () Master Card () American Express ()

Nº Warehouse/Receipts: _____ Amount \$: (____.____)

Account 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 MGK Global LLC dba MagaExpress sales policies.

I am the authorized signer on the above card and hereby give MGK Global LLC dba MagaExpress Permission to bill the credit card.

AUTHORIZE SIGNATURE: _____

DATE: _____