



1 BARKER AVE, WHITE PLAINS NY 10601
TEL(914)949-5656 FAX (914)949-5694

Credit Card Authorization Form

Dear Customer,

To authorize your order(s), the cardholder must sign or email the completed form. Return this form to:

Email: david@transocean.com

Fax: 914-949-7419 or 914-949-6169 Attn: David

Should you have any questions, please call 914-949-5656 ext. 132

Thank you for your business.

Company: _____

Name: _____
(Exactly as it appears on the credit card)

Card# _____ **Exp. Date:** _____ **CVV Code:** _____

Phone: _____ **-OR-**

Billing Address: _____ **City:** _____ **St.:** _____ **Zip:** _____

Resale #: _____

Please indicate with an "X" (READ CAREFULLY)

- I authorize Trans-Ocean Import Co., Inc. to charge ALL of my purchases to my credit card. By checking this box, you will **NOT** be sent an authorization request for each purchase. We will simply ship your order, charge your card, and forward a paid invoice for your records to the fax/email provided below.

I would like all of my orders to be shipped:

- Complete As items are received in stock (note that shipping is billed in full on initial order) .

Send invoice to: Email: _____ or Fax: _____

Signature of Card Holder:

Date:

***By signing, you agree to all of the terms and conditions of Trans-Ocean Import Co**