



Credit Card Authorization Form

I, _____ authorize Florida Transcor, Inc. to charge my credit card and accept full financial responsibility of payment for services rendered.

A 3% surcharge may be applied when making payments towards Net 30 accounts

Identification may be required for purchases exceeding \$1,000.00

Reference or Sales Order No.	<input type="text"/>
Amount (USD)	<input type="text"/>
Credit Card Type	<input type="text"/>
Credit Card Number	<input type="text"/>
Card Security Code	<input type="text"/>
Issued Date	<input type="text"/>
Card Expiration Date	<input type="text"/>
Billing Street Address	<input type="text"/>
Building or Unit #	<input type="text"/>
City, State, Zip Code	<input type="text"/>
Name as it appears on Card	<input type="text"/>

Signature of Cardholder
(Secure digital signature or sign and scan if sending by Email)

Date

Return Form by Email to:
AR@FLTranscor.com

Return Form by Fax to:
904-783-0292

Return Form by Mail to: Florida Transcor
6683 Stuart Ave. Jacksonville Florida 32254