



As Agents for Hybur Ltd.
10025 N.W. 116th Way, Suite 2
Medley, FL 33178
Phone: 305-913-4933 Fax: 305-887-3539

AUTHORIZATION NUMBER : _____

CREDIT CARD AUTHORIZATION - FAX TRANSMITTAL FORM

From:	_____
Phone number:	_____
Date sent:	_____
Fax number:	_____

CREDIT CARD INFORMATION

*** (Please enter the Name and billing address exactly as it appears on your credit card). ***

Name on Credit Card:	_____		
Street Address:	_____		
City:	_____		
State & Zip Code:	_____		
Telephone Numbers:	Phone: _____	Cell :	_____

Amount & Expiration Date

Expiration date: (MM/YY) :	_____
Amount:	_____

Credit card type:

Mastercard: <input type="checkbox"/>	Visa: <input type="checkbox"/>	_____	_____
Credit Card Number:	3 digit Security Code (on back of card) :		

I AUTHORIZE HYDE SHIPPING CORPORATION TO CHARGE MY CREDIT CARD FOR FREIGHT CHARGES & OTHER RELATED EXPENSES ASSOCIATED WITH MY SHIPPING AND INCURRED ON MY BEHALF. THE INFORMATION FURNISHED ABOVE IS COMPLETE AND ACCURATE. FURTHERMORE, I AGREE TO PAY THE CHARGES IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH BY THE CREDIT CARD ISSUER.

Signature as shown on card:	_____
Print your name:	_____

BILL OF LADING INFORMATION

B / L No.:	_____	Consignee:	_____
Ves / Voy:	_____	A/R Inv. #:	_____
Voy Date:	_____	Job # :	_____