



LAX - LAS - NYC - MCO - LDN

1965 E. Pama Lane, Las Vegas, NV 89119

Ph: 800-617-9820 Fax: 888-595-0340 email: admin@aces-cargo.com

CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Contact Name: _____ Phone: _____

Billing Reference/Invoice(s) #: _____ *Amount: _____

Email address for receipt: _____

Credit Card Type: AmEx Mastercard Visa Other

Credit Card Number: _____

Exp. Date: _____ / _____ Card Security Code: _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Full amount you agree to allow us to charge: \$ _____

**PLEASE NOTE THAT DUE TO OUR MECHANIC'S RATES, WE MUST ADD A 3.5% SURCHARGE TO PROCESS YOUR CREDIT CARD. BY SIGNING BELOW YOU AGREE TO THE CHARGE WITH THE PROCESSING FEE.*

UNDERSTOOD AND AGREED BY: _____ Date: _____

(must be same name on credit card)