

Credit Card Authorization Form

NAME OF CARD HOLDER: _____

COMPANY NAME: _____

I hereby authorize ML International to use the selected credit card below to pay all customs and freight charges in the amount of

\$ _____

FOR: _____
Invoice number(s)

SHOW NAME: _____

Please select a payment type:



MasterCard Visa Discover American Express

CARD NUMBER EXPIRATION DATE

3-Digit Code on back OR American Express 4 digit code printed above embossed account number

Complete BILLING ADDRESS of credit card

SIGNATURE DATE