



Credit Card Authorization

email to:

credit@
icargosupport.com

or return fax to:
310.684.3831

Please fill out the information below and send to Credit for processing. An **Incomplete authorization form** will be rejected and payment will not be processed.

1. AUTHORIZATION

I, the undersigned cardholder, give Island Cargo Support of 12900 Simms Avenue, Hawthorne, CA 90250 authorization to charge the herein referenced credit card for the amount as entered in section nine (9) of this authorization agreement. Processing fee of 3.5% (VISA / MC) or 4.5% (AMEX) will apply. Payment will show up as *Intelligent SCM LLC* on your statement.

2. TYPE OF CREDIT CARD FOR THIS TRANSACTION

Please select one



3. CREDIT CARD NUMBER

4. CARD EXPIRATION DATE – MONTH / YEAR

5. SECURITY DIGIT VERIFICATION NUMBER

6. THIS CARD IS

Please select one

- Corporate Credit Card
- Personal Credit Card



7. CARDHOLDER NAME

8. CREDIT CARD BILLING ADDRESS

9. CREDIT CARD BILLING PHONE NUMBER

10. DOLLAR AMOUNT AUTHORIZED

11. INVOICE(S) or HBL NUMBER(S)

If additional space is required, attach separate sheet

11. AUTHORIZATION CODE IS REQUIRED

Please select one

- Send by email
- Send by mail
- Send by fax
- NOT REQUIRED

12. AUTHORIZATION

NAME _____ SIGNATURE _____ DATE _____

ICS INTERNAL USE ONLY AUTHORIZATION CODE _____ DATE/TIME _____ ICS ASSOCIATE _____