DP WORLD
Vancouver

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CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize DP World Vancouver to debit your credit card listed below. All information must be provided and the form faxed or emailed for processing.

Company Name: _____

Contact Name: _____

Phone Number: ( ) _____ **Fax Number:** ( ) _____

Email Address: _____

Vessel: _____

Booking / Bill Of Lading(s): _____

Container Number(s): _____

Planned Pick up Date: _____

Credit Card Type: ☐ **Visa** ☐ **Mastercard**

Credit Card Number: _____ **Expiration Date:** _____

Name as it appears on the Credit Card: _____

Signature: _____ **Date:** _____

I authorize DP World Vancouver to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.