

CREDIT CARD AUTHORIZATION

Rev. 7/19/2024



CARDHOLDER INFORMATION

I, _____, hereby authorize Tranco Global to charge my credit card
Name as it appears on card
as required for any and all outstanding valid invoices until further written notice.

Contact Name: _____

Phone: _____ Email: _____

CREDIT CARD INFORMATION

Credit card Number: _____
Debit/Bank cards not accepted

Expiration Date: _____ Security Code: _____

Name on card: _____

Billing Address: _____

City, State, Zip: _____

SIGNATURE OF CARDHOLDER

As the credit card holder, I hereby authorize the services being performed at Tranco Global, as well as a convenience fee of **4% of the total amount invoices (\$10.00 minimum)**.

Cardholder's Signature: _____ Date: _____

Account Name/Invoice Number: _____

Once completed & signed, please return via email to ar@trancoglobal.com