

Freight **Freight Credit Card Form**Demurrage

Please check one of the following payment methods:

 American Express Master Card Visa_____
Card #_____
Expiration Date (Month/Year)Cardholder Information:_____
Last Name_____
First Name_____
Street Address_____
City_____
State/Zip_____
Phone NumberConsignee Information:_____
Company Name (if applicable)_____
Last Name_____
First Name_____
Destination (Island)_____
Bill of Lading Number (if available)_____
Date_____
Signature (authorization to keep credit card on file)

* Fax and/or email completed form using the contact info provided above
IMPORTANT: PLEASE SEND COPY OF PICTURE ID ALONG WITH COMPLETED FORM
Above signature authorizes Seacor Island Lines LLC to keep your credit card information on file for future use

We appreciate your Business!!!