



PLEASE FILL OUT THIS FORM COMPLETELY IF YOU WOULD LIKE ALL OF YOUR PURCHASES TO BE BILLED DIRECTLY TO YOUR CREDIT CARD.

SIGNATURE CARD FORM

Date: _____





Company Name: _____

Name (as it appears on Credit Card): _____

Address (Credit Card billing address): _____

City: _____ State: _____ Country: _____ Zip Code: _____

Phone: () _____ Fax: () _____

CREDIT CARD:					(Circle one)
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Credit Card Number: _____

Expiration Date: _____ CVV2# _____



Issuing Bank Complete Name: _____

Issuing Bank Telephone # _____

Shipping Address: _____

AMERICAN EXPRESS ORDERS WILL BE SHIPPED TO THE CREDIT CARD BILLING ADDRESS ***ONLY**

NOTE: IN ORDER FOR MC MARINE TO PROCESS YOUR ORDER ACCORDINGLY AND IN THE MOST RAPIDLY AND EFFICIENT WAY, WE NEED FROM YOU TO SEND COPY OF FRONT AND BACK OF THE CREDIT CARD. WITHOUT THIS WE WILL NOT PROCESS THE ORDER. ALL ORDERS WILL BE SHIPPED TO THE BILLING ADDRESS ONLY.

*** I HEREBY AUTHORIZED PUIGNAU ENTERPRISES INC. D/B/A MC MARINE TO DEBIT MY CREDIT CARD ACCOUNT REFERENCED ABOVE FOR THE PURCHASED OF PARTS, ACCESSORIES, ENGINES AND FREIGHT IN THE AMOUNT OF US\$ _____**

Signature _____

PLEASE FAX BACK TO: (305) 638-1489

(Attn: Credit Department)

2002 N.W. 27th Ave • Miami, FL 33142

Office (305) 635-3704 • Fax (305) 638-1489