

TROPICAL MARINE A/C INC.  
3200 S. Andrews Ave. #107  
Fort Lauderdale, FL 33316  
Phone: 954 463-0003  
Fax: 954 463-4361

PRE-AUTHORIZATION / SIGNATURE ON FILE FORM

I \_\_\_\_\_ authorize Tropical Marine Air Conditioning Inc. of Fort Lauderdale, Florida. By phone, in lieu of manual imprint and signature, to charge my credit card for goods and services rendered. I understand that this authorization is valid for one (1) year and may be revoked at any time with thirty (30) days written notice.

CREDIT CARD INFORMATION

COMPANY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CARDHOLDER \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

CIRCLE ONE (VISA) (AMEX) (MASTERCARD)

CREDIT CARD # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

V-CODE (Last 3 numbers on back of card) \_\_\_\_ \_\_\_\_ \_\_\_\_

SIGNATURE OF CARD HOLDER \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_