



Credit Card Authorization Form

Please use this form if you intend to use your credit/debit card to pay for your transaction(s) with Vision Express/Wrag Time Transportation.

Date: _____

Customer Name: _____

Please check the type of credit card to be used:

Mastercard ___ **Visa** ___ **American Express** ___ **Discover** ___

Credit Card Number: _____ **CVC** _____

Name of Cardholder: _____
(Please enter name as it appears on your credit card)

Expiration date: _____

Cardholder Telephone Number: _____

Cardholder Address: _____

Cardholder City/State/Zip: _____

I AUTHORIZE VISION EXPRESS/WRAG TIME TRANSPORTATION TO CHARGE MY CREDIT CARD FOR THE FOLLOWING AMOUNT:

\$ _____

Pro Number (s) _____

CREDIT CARDHOLDER'S SIGNATURE _____

Please send completed form to Lax-Credit@vsxp.com