



# WESTERN OVERSEAS CORPORATION

FMC 857

## CREDIT CARD DEPOSIT FORM

- Please provide a copy of the credit card, and a valid photo ID.
- Please complete and email to: [ar@westernoverseas.com](mailto:ar@westernoverseas.com) or Fax: (562) 986-1367

Client Code#: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
(AMEX =4 Digits, VISA/MC=3 Digits)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PAYMENT FOR INVOICES

Customer and the cardholder hereby authorizes Western Overseas Corporation ("WOC") to charge the credit card identified above for the amounts indicated on the applicable invoices and for the credit processing fee listed below.

<u>Invoice Number</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Invoice Amount:</b>	\$ _____
<b>Processing Fee:</b> (2.7% - VISA/MC, 2.95% - AMEX)	\$ _____
<b>Transaction Total:</b>	\$ _____

Customer and cardholder jointly waive any right they might otherwise have to dispute the credit card transaction(s) described in this Credit Card Deposit Form (the "Form") now or at any time in the future. Moreover, Customer and cardholder jointly agree to indemnify and hold harmless WOC for any loss, expense (including attorney's fees), and/or damage of any kind that WOC may incur as a result of a credit card charge back or other dispute arising from WOC's processing of the credit card transaction(s) described in this form. Should the credit card transaction(s) described in this Form be disputed by Customer and/or the cardholder at any time, the full transaction total listed above shall become due and owing immediately. This provision shall remain in full force and effect both during and after the termination of this form.

\*CARDHOLDER'S SIGNATURE \_\_\_\_\_ \*DATE \_\_\_\_\_

**REQUIRED**

I hereby authorize Western Overseas Corporation to keep the above credit card information on file for future payment processing.

CARDHOLDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Cardholder's signature must be on both signature lines in order for the "On File" authorization to become effective.

5ZjJUHxkJA.GYUcfgy7cbHJbYf@bYg:A7`\$%&`\$#7c`i a VJU8jghjVi lfcB`  
 Branch Offices are authorized to clear freight and book cargo. All contracts must be signed by Senior Officers at the Corporate Office. Our Terms And Conditions Of Service Apply.