

CREDIT CART PAYMENT AUTHORIZATION

I, the undersigned,		, authorize A30 Express			
to proceed with a pre-author	rized paym	ent to the followin	g credit ca	ard :	
Credit card type: Visa :		Mastercard :		Amex :	
Holder's name :					
Credit card number:					
Expiration date:			CVV:		
Debit amount :					
Vehicle brand: Plate number:					
Number of vehicles:					
		<u> </u>			
Signature		Da	te:		

Please return the completed document to the address: services@a30express.com