



RFP FOR CARGO FACILITY AT GAIA

Credit Card Authorization / Registration Form

1. Contact Information

Name: _____

Company: _____

Address: _____

Telephone: _____

Email: _____

2. Credit Card Information

Type of Card: (Tick One) VISA MASTERCARD

Amount of Payment: _____

Payment Details: _____

Name of Cardholder: _____

Credit Card Number: _____

Expiration Date: _____ Verification Code: _____

Cardholder's Signature: _____

Additionally, we require a photocopy/scanned image of the front and reverse side of the credit card for verification purposes.

Please return this form via email to payments@gaiainc.bb

Please also ensure that you have signed below, verifying that this submission and its contents are accurate and true.

Signature

Date