ONE-TIME ORDER AUTHORIZATION FORM

Order# _____

Company Name: ShipWreckSalvage.net LLC
Email: ShipWreckSalvage.net@outlook.com | Website: www.shipwrecksalvage.net

1. Customer & Order Details

Customer / Cardholder Name: _____

Order / Invoice Number: _____

Phone Number: _____ Email: _____

Authorized Order Amount: $_____ (USD) Account# Last 4 digits _____
of account used for payment

2. Billing & Shipping Information

Credit Card Billing Address:

Name: _____ Country: _____

Street: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Ship-To Address (if different from Billing): _____ Initial if Same as Billing

Name: _____ Country: _____

Street: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

3. Verification & Terms Agreement

Please review and initial each statement below:

[_____] Identity Verification: *I have provided a clear, legible copy of a valid government-issued photo ID matching the cardholder name listed above.*

[_____] Shipping Authorization: *I explicitly authorize ShipWreckSalvage.net LLC to ship this order to the specified Ship-To Address shown above*

[_____] Incorporation of Terms: *I acknowledge and agree that this order and transaction are governed by the Terms and Conditions of Use and Purchase, accessible at https://shipwrecksalvage.net/conditions.html*

4. Authorization & Signature

By signing below, I certify that I am the authorized cardholder or authorized agent for the credit card used for this purchase. I authorize ShipWreckSalvage.net LLC to process payment for the order total indicated above and accept full responsibility for the order under the Terms and Conditions of Use and Purchase.

Authorized Cardholder Signature: _____

Printed Name: _____

Date: _____

REQUIRED ATTACHMENT:

For this Authorization, please provide a copy of a valid PHOTO ID (such as a Driver's License or Passport).

DIRECTIONS

Always double check that the information entered is correct

SECTION 1:

Please fill in the top section.

Enter Last 4 digits of the account used for payment.

SECTION 2:

Please add the Card Holder name on the Card

If Shipping to Same Address Please Initial in the space provided

SECTION 3:

Please add your initials in each space provided

SECTION 4:

Please add your signature

Please Print the name (in full)

Please Date

After completing this form, you can scan or use photo to return the completed form to

ShipWreckSalvage.net@outlook.com

Make certain the photo's are legible.

***IMPORTANT* Give it a min after sending and call to make sure we have received it at out end.**

ONE-TIME ORDER AUTHORIZATION FORM

Order# CC-xxxxxxx

Company Name: ShipWreckSalvage.net LLC
Email: ShipWreckSalvage.net@outlook.com | **Website:** www.shipwrecksalvage.net

1. Customer & Order Details

Customer / Cardholder Name: _____

Order / Invoice Number: _____

Phone Number: _____ **Email:** _____

Authorized Order Amount: $_____ **(CAD / USD)** **Account# Last 4 digits** _____
of account used for payment

2. Billing & Shipping Information

Credit Card Billing Address:

Name: _____ **Country:** _____

Street: _____

City: _____ **State/Prov:** _____ **Zip/Postal Code:** _____

Ship-To Address (if different from Billing):

Name: _____ **Country:** _____

Street: _____

City: _____ **State/Prov:** _____ **Zip/Postal Code:** _____

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ONE-TIME ORDER AUTHORIZATION FORM

Order# xxxxxxxxxxx

Company Name: ShipWreckSalvage.net LLC
Email: ShipWreckSalvage.net@outlook.com | **Website:** www.shipwrecksalvage.net

1. Customer & Order Details

Customer / Cardholder Name: _____

Order / Invoice Number: _____

Phone Number: _____ **Email:** _____

Authorized Order Amount: $_____ **(CAD / USD)** **Account# Last 4 digits** _____
of account used for payment

2. Billing & Shipping Information

Credit Card Billing Address:

Name: _____ **Country:** _____

Street: _____

City: _____ **State/Prov:** _____ **Zip/Postal Code:** _____

Ship-To Address (if different from Billing):

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