**Credit Card Authorization Form**

I       authorize KazTransLimited Partnership to charge my Credit Card from       (Visa, MC, Amex, Discover)

with Credit Card number

Credit Card Billing Address:       ZIP CODE:

I       acknowledge that I am the authorized user of the above credit card account.  I authorize use of the above credit card account by KazTransLimited Partnership in payment of its invoice.

**INVOICE #**       **AMOUNT TO BE CHARGED $**

I acknowledge and understand that the above-referenced is for services rendered on my behalf and at my request by KazTransLimited Partnership I acknowledge that, by providing this service KazTransLimited Partnership has met its obligations for the above charge.

\* I am enclosing copies of my credit card front and back and a picture I.D.  \* Destination charges, duties and or taxes are not included. I acknowledge that I have read and received a complete and signed copy of this agreement and of each and every document I have signed including the terms and conditions specified in our ocean bills of lading.

**Signature of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date:

In the USA or abroad Fax 718-266-3546  or E:mail info@ktlus.com

You can print and scan this document also.