

Freight Credit Card Form



Phone: +1 954 920 9292 Ext. 236
Email: accounting@seacorislndlines.com

Freight: Demurrage:

Please select one of the following payment methods:

American Express MasterCard Visa

Card Number: _____ Expiration Date: _____
(Month/Year)

Cardholder Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____

State / Zip: _____

Phone Number: _____

Consignee Information:

Company Name: _____
(if applicable)

First Name: _____ Last Name: _____

Destination: _____
(Island)

Bill of Lading Number: _____
(if available)

Signature: _____ Date: _____
(authorization to keep credit card on file)

IMPORTANT: PLEASE SEND COPY OF PICTURE ID ALONG WITH COMPLETED FORM

Please click 'SUBMIT' to send your completed form.

Alternatively, please email your completed form to accounting@seacorislndlines.com.

Above signature authorizes SEACOR Island Lines LLC to keep your credit card information on file for future use.