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CREDIT CARD AUTHORIZATION FORM

Please fill up this form if you intend to use your credit card to pay for your transactions with NYBR. Fax form to (800)711-0790.

For multiple cards, you must fill up another authorization form.

<hr/> <i>Print full name as it appears on your credit card</i>		
<hr/>		
<i>Billing Address: Street Name and Number</i>		<i>Apt / Suite</i>
<hr/>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<hr/>		
<i>Home Telephone #</i>		<i>Work Telephone #</i>
<hr/>		
<i>Cell phone #</i>		<i>Email Address</i>
<hr/>		
<i>Date of Birth (MM/DD/YYYY)</i>		

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
<hr/>		
<i>Card #</i> _____		
<hr/>		
<i>Security Code</i> ___ <i>EXP. DATE:</i> __/__/__		

REQUIREMENTS: Please send by fax a clear copy of the following:

1. The front and back of the credit card(s). The credit card numbers & signature must be very clear.
2. Copy of valid government-issued photo ID.

IMPORTANT NOTE: Transactions will not be processed if documents are not submitted.

I request and authorize NEW YORK BAY REMITTANCE (NYBR) to charge my credit card (details listed above) for remittances that are called in to NYBR. It is my understanding that only I can authorize the charges on my account, per my phone and / or written instruction to New York Bay Remittance's (NYBR) authorized representative. No other party will be allowed to call on my behalf.

Credit card holder's signature _____

Today's Date _____