227 Clendenning Road, Suite 100 | Houma, LA 70363
P.O. Box 9056 | Houma, LA 70361
Phone: (985) 790-7901 | Toll-Free: (855) 452-7901 | Fax: (985) 868-8917

Credit Card Authorization Form

SECTION 1 - Account Holder Information

Customer Name: _____ Customer Contact: _____

Daytime Phone Number: _____ Email Address: _____

SECTION 2 - Credit Card Information

Credit Card Type: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ ChaseNet Credit ☐ ChaseNet Signature Debit

Name As It Appears On Card: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Credit Card Billing Address: _____

Email Address for Receipt (if different from above): _____

Cell Phone (optional for text message receipt): _____

Directions for Charges

☐ I authorize Olivier International, on a one-time basis, to charge my credit card in the amount of $ _____

for invoice(s) _____. I further authorize a **3% processing fee** to be added to this amount.

SECTION 3 - General Provisions & Signature

By signing below, I, the Account Holder, hereby agree that Olivier International has my authorization to bill my credit card as indicated above.

I understand that should any of the above referenced charges be denied on the day of first processing for any reason, Olivier International will charge me a $50.00 fee.

Cardholder Signature: _____ Date: _____

PLEASE EMAIL COMPLETED FORM TO AR@OI.EXPERT.