

Seaport Energy Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO SEAPORT ENERGY.
All information will remain confidential.

Cardholder Name: _____

Booth #: _____

Company: _____

Billing Address: _____

Event: _____

Event Date: _____

Invoice #: _____

Phone #: _____

E-Mail (for Receipt): _____

Authorizing Person (if other than Cardholder): _____

Credit Card Type: Visa [] MasterCard [] Discover [] Amex []

Credit Card Number: _____

(16 Digits – Visa, MasterCard, & Discover; 15 Digits – Amex)

Expiration Date: _____

Card Identification Number: _____

(3-digit number on back of Visa, MasterCard,
Discover **OR** 4-digit number on front of Amex)

Amount: \$ _____

I authorize, Seaport Energy, to charge the agreed amount listed above to my credit card provided herein, for electrical services rendered. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

**Please note that billing will appear on credit card statement as, "WTCELECTRIC".

Cardholder – Sign and Date Below:

Signature: _____ Date: _____

Once signed please return the completed form by e-mail to:

info@seaportenergyboston.com or by mail to:

Seaport Energy Co.

12 Oscars Way

North Reading MA