



**Port Of Galveston Credit Card Authorization Form**  
**Accepted forms of payment: Visa, MasterCard, & Discover**

**Company Name:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Exp Date mm/yy:** \_\_\_\_\_ **Card Security Code (3 or 4 digits):** \_\_\_\_\_

**Amount to Charge: \$** \_\_\_\_\_

**Description:** \_\_\_\_\_

PLEASE DELIVER TO ACCOUNTING CASHIER TO PROCESS, IF CASHIER IS UNAVAILABLE, PLEASE  
SECURE THIS REQUEST UNTIL NEXT BUSINESS DAY

**Please scan or fax completed forms to**

**[xcastro@portofgalveston.com](mailto:xcastro@portofgalveston.com) and/or [ktornatore@portofgalveston.com](mailto:ktornatore@portofgalveston.com)**

**Fax Number 409.766.6107**