

Charge Card Payments via Phone/Fax/E-mail Please submit to your local port office

Date					
FACE Freight	Bill #				
Total Amoun	t				
Name of Car	d Holder				
	VISA	МС	DISC	AMEX	
Credit Card N	No				
Expiration Da	ate				
Billing Addre	SS				
Zip Code		_			
Security Cod	e (last 3 or 4	4 digits)			
Contact Nam	ie				
Contact Phor	ne No				
Signature					
Please Fax or	⁻ E-mail Rec	eipt to:			
Please e-mail or fax Departing Honolulu Port of Hilo Port of Kahului Port of Kaunakakai		b.com 543-9490 935-8761 om 877-7155	Port of Kawa Port of Nawi		o.com 882-7610 m 246-1021