



Credit Card Authorization Form

Cardholder Information

Name: _____

Billing Street Address: _____

City: _____ **State:** _____ **Postal Code:** _____

Country: _____ **Email** _____

Direct Telephone: (____) _____ - _____

I authorize a one-time charge against my credit card for the following amount

Freight Charge \$ _____

Credit Card Fee \$ _____

Total \$ _____

I authorize use of this card for future shipments

Credit Card Information

Credit Card Type: **MasterCard** **Visa** **American Express** **Discover Card**

Number: _____

Expiration Month: _____ **Expiration Year:** _____

Cardholder Signature X _____ **Date** ____/____/____

3 - 4 Digit Security Code on back of card: _____