



Transporting Perishable Products Worldwide

Credit Card Authorization Form

I, authorize the use of my credit card as payment for my freight charges. I authorize the sum of to be charged to my credit card plus the applicable 3% finance charge.

Mastercard

Visa

AMEX

Cardholders Name:

Address:

Credit Card Number:

Expiration Date:

Date of Birth:

Phone Number:

Authorized Signature

For use in the payment of charges incurred by: (Shippers Name, Invoice or HAWB Numbers)

For first time credit card payment,
please submit copy of Credit Card and ID