

# CREDIT CARD AUTHORIZATION

Name As It Appears on Credit Card*		Company Name*		
Billing Address* (as it appears on your credit card statement)		City*	State*	Zip*
Phone*	Fax	Card Type* <input type="radio"/> American Express <input type="radio"/> Master Card <input type="radio"/> Visa <input type="radio"/> Discover Card		
Card Number*		Expiration Date* ____/____	VCODE**	
**The VCODE number is a three digit number, on the reverse of the credit card, following the account number. (For American Express, the VCODE is located on the front of the card.)				
Amount*	Invoice Number*	<input type="radio"/> This authorization is for the current transaction only <input type="radio"/> This authorization is for the current transaction and all future transactions		
<i>As part of this authorization, I also hereby authorize Transport Express to process credit card transactions when payments are due as part of my billing agreement.</i> Authorized Signature of Card Holder* NOTE: A 4% fee will be added to all credit card transactions.				

\* Denotes Required Field

**SUBMIT FORM**

**For Transport Express office use only - Do not write in the space below:**

TE Staff*	Date Processed*	Amount*
Reference #	Customer Name	Invoice #