



INTERSTATE COMMERCE FINANCIAL CREDIT CORP.

18000 Studebaker Road, Suite 700

Cerritos, California 90703

Phone: (562) 467-8935 Fax: (562) 467-8936

F.M.C.S.A. Filer ID#: 25120-00

**DEBIT/CREDIT CARD
PAYMENT AUTHORIZATION FORM**

Please Complete In Its Entirety - For Proper Posting.

MC/US-DOT# (Motor Carrier): _____ Date of This Transaction: _____

Reason for Payment: Trust Fund Renewal Late Fee Application Fee [ICFCC] Other: _____

Amount of Payment: _____ Pursuant to 49 CFR 360.3 (c), F.M.C.S.A. and ICFCC Fees Are NOT Refundable

Type of Payment [check one]: One-Time Payment Autopay Monthly / Quarterly Payments

NAME ON DEBIT/CREDIT CARD: _____

BILLING - STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____ / _____ / _____

PHONE NUMBER(S): _____ / _____

FAX NUMBER(S): _____ / E-MAIL: _____

IMPORTANT: Take time to VERIFY the correct Billing Address which appears on your Debit/Credit Card Statement - for accuracy [before completing form]. *Otherwise*, the electronic system will automatically decline your payment transaction and delay processing.

TYPE OF CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ / 3-DIGIT CODE (ON BACK OF CARD): _____

AUTHORIZED SIGNATURE REQUIRED _____

BE INFORMED: If, submitting your "Monthly/Quarterly" Installment-Payment, we suggest you remit 1-2 days before the Due Date – Avoids incurring a \$35.00 Late Charge and/or unnecessary Interruption of your Evidence of Security/BMC-85 Agreement [value of \$75,000 - posted with office of the FMCSA for benefit of your Broker Authority (License to Operate)]. ****Registration of your Evidence of Security/BMC-85 Agreement can also be verified by visiting the FMCSA Website: <http://li-public.fmcsa.dot.gov> for your information and records.**

Should you have question(s), please feel free to E-mail our Accounting Dept. at: accounting@icfcc.net -or via Fax - number listed above for your convenience. We Thank You! **Se Habla Espanol Para Servirle!*