

Credit Card Payment Authorization

Visa / Mastercard
A-1 Express Delivery Service
4520 Maywood Ave
Vernon, CA. 90058

To: _____ From: _____
Fax# 323-585-4442

Company Name _____

Name on Card _____

Card # _____

Expiration Date _____

Cards Billing Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

The following invoices will be credited with this transaction

Pro # _____ Amount _____

Total _____

Please print your name _____

Sign _____ Date _____

An authorization receipt will be faxed to your fax # listed above

Any Questions or concerns contact John or Veronica @ 323-585-4440

Thank you for your business and for using our credit card service

***** Visa or Mastercard Only *****