

CREDIT CARD PAYMENT AUTHORIZATION

A-1 EXPRESS DELIVERY SERVICE INC.
4520 MAYWOOD AVE
VERNON CA 90058

TO: _____

FROM: _____

FAX BACK TO: 323-585-4442

COMPANY NAME _____

NAME ON CARD _____

CARD # _____ EXPIRATION DATE: _____

SECURITY CODE: _____

CARD'S BILLING ADDRESS _____

PHONE# _____

FAX # _____

I AUTHORIZE THE FOLLOWING INVOICES TO BE POSTED WITH THIS TRANSACTION

PRO# _____

AMOUNT _____

TOTAL: _____

PLEASE PRINT YOUR NAME: _____

SIGNATURE: _____ 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

WE ONLY ACCEPT VISA OR MASTERCARD

