



CREDIT CARD PAYMENT AUTHORIZATION

To The Credit Department:

Account Name: _____ Telephone/Account Number: _____

Name on Card: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip-Code: _____

I (please print name) _____ authorize Best Overnite to charge \$ _____ to my credit card for payment on the following invoice(s).

Credit Card: _____ Expiration Date: _____ CVV: _____
 (Circle one) Visa MasterCard Discover American Express

Authorized / Card Holder's Signature: _____

*** NOTICE - A 3% PROCESSING FEE WILL BE ACCESSED FOR ALL CREDIT CARD TRANSACTION'S ***

Pro Number(s)	Amount		Pro Number (s)	Amount		Pro Number(s)	Amount

Please Note:
 Shipments pre-paid based on quotes are open- transactions that may require additional fee. Your signature below gives authorization to Best Overnite the right to process the additional charges on your card without prior consent.

Authorized / Card Holder's Signature: _____ Date: _____

Please fax back to (626)256-1948 or email to accountsreceivable@bestovernite.com

