

CREDIT CARD AUTHORIZATION REQUEST

*REQUIRED FOR PROCESSING Fax to: (805) 528-4300

*Date:				
Invoice Amount: <u>\$</u>		<u>+</u> 3%	′о	= Total : \$
*Card Type:	SA M/C	AMEX	by-fax. For ye Cards for an	d method of payment is via ACH or Check our convenience, we do accept Credit additional 3% fee with each charge. The e added to each order.
*Card #:				
*EXP DATE:		*CV2_		
*Name as it appears on the	card:			
*Company Name:				
*Address where card is bille	ed:			
*City:	*Zip Code:	*Phone #	:	
Apply the credit card amount Freight Bill / Invol	<u>A</u>	following Freig	şht Bill / In	voice numbers:
	m below and we will keep yo	our information on fi		m below: We make paying your charges y when you are. Each shipment will be
(Please enter email address	<u>m</u>		_)	
I,, here secure file, to be used for future shipm appropriate credit card processing cen on my account with American West.	nents that are approved by me of ter honor the debit entries initia This authorization will remain in understand that cancellation mu	Worldwide Express to or authorized personnated by American Wo in effect until all amo	nel within my of est. This authorounts owed Am	it card payment information on file, in a organization. I authorize & request that the rization relates to all payments required nerican West are paid in full or until I unce has been paid in full. I understand that
**************************************	ON FILE, TO BE USED FOI	R FUTURE SHIPM	NWEST WOR ENTS. IF YO	RLDWIDE EXPRESS PERMISSION DU HAVE ANY QUESTIONS
Cardholder Signature				