

Credit Card Payment Authorization Form

Please complete and sign the following form. Fax to: 815-322-2043 or email to: accounting@jafrate.com

Check One: Visa Mastercard Discover American Express

Credit Card #: _____

Expiration Date (MM/YY): _____ Security Code: _____

Name As It Appears On Card: _____

Company Name On Card (If Applicable): _____

Billing Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone #: _____ Fax #: _____

Email Address: _____

This is authorization for a one-time charge according to the information provided below:

Invoice # or Order #: _____ Payment Amount: _____

Invoice # or Order #: _____ Payment Amount: _____

Invoice # or Order #: _____ Payment Amount: _____

Total Payment Amount: _____

I authorize JA Frate, JA Logistics, or JA Nationwide to charge my credit card for payment of their services. By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder: _____

Printed Name: _____ Date: _____

JA Frate

1202 S Route 31, McHenry, IL 60050 | Local: (815) 459-0839
7900 Pyott Rd, Crystal Lake, IL 60014 | Toll Free: (800) 892-8903
www.jafrate.com | Fax: (815) 459-2034

JA Logistics

1202 S Route 31, McHenry, IL 60050 | Local: (815) 363-5310
www.jafrate.com | Fax: (815) 344-1744

JA Nationwide

1202 S Route 31, McHenry, IL 60050 | Toll Free: (866) 946-0424
www.jafrate.com | Fax: (815) 322-2043

