



JA Frate: 1202 S. Route 31, McHenry, IL 60050 / 7900 Pyott Road, Crystal Lake, IL 60039
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JA Logistics: 1202 S. Route 31, McHenry, IL 60050
Warehousing: Ph: 815-363-5310 / F: 815-344-1744
International: Ph: 847-228-8610 / F: 866-684-8642
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JA Nationwide: 1202 S. Route 31, McHenry, IL 60050
Ph: 866-946-0424 / F: 815-322-2043
www.jafrate.com

Credit Card Payment Authorization Form

Please Complete and Sign the form. Fax to: 815-322-2043, or email to: accounting@jafrate.com

Circle One: Visa Mastercard Discover American Express

Credit Card #: _____

Expiration Date (mm/yr): _____ Security Code on back of Card: _____

Name as it Appears on Card: _____

Company Name on Card (if applicable): _____

Credit Card Billing Address: _____

City: _____, State _____ Zip _____

Telephone Number: _____ 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 Amount of Payment _____

I authorize JA Frate, JA Logistics, or JA Nationwide to charge my credit card for payment of their services. By signing the 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 of Card Holder: _____

Date: _____