## **Credit Card Payment Authorization Form**

Please complete an	nd sign the follo	owing form. Fax to: o	815-322-2043 or em	ail to: accounting@jafrate.com	
Check One:	Visa	Mastercard	Discover	American Express	
Credit Card #:					
Expiration Date (MM/YY):			Security Code:		
Name As It Appea	ars On Card: _				
Company Name C	On Card (If Ap	plicable):			
Billing Address: _					
City:		State:	Country:	Zip:	
Telephone #:			Fax #:		
Email Address:					
This is autho	orization for a	one-time charge ad	ccording to the info	rmation provided below:	
Invoice # or Order #:			Payment Amount:		
Invoice # or Order #:			Payment Amount:		
Invoice # or Order #:			Payment Amount:		
			Total Payment	Amount:	
	ation, I acknowl		• • •	payment of their services. By pove information and warrant all	
Signature of Card H	Holder:				
Printed Name:			Date:		
	Lake, IL 60014	Local: (815) 459-0839 Toll Free: (800) 892-890 Fax: (815) 459-2034	3		
<b>JA Logistics</b> 1202 S Route 31, McH www.jafrate.com	-	Local: (815) 363-5310 Fax: (815) 344-1744		Frata	
<b>JA Nationwide</b> 1202 S Route 31, McH www.jafrate.com	-	Toll Free: (866) 946-042 Fax: (815) 322-2043	4	Frate Logistics Nationwide	