



## CREDIT CARD AUTHORIZATION FORM

Please complete and email back to [Terri.hoefs@acargoinc.com](mailto:Terri.hoefs@acargoinc.com) or fax to 206-324-8835, Attention Terri Hoefs.

I, the undersigned, hereby authorize the debit of my Visa, Master Card, or Discover card the details of which are as follows:

Note that a processing fee of 2% of the invoice value will be charged.

<b>Invoice Number:</b>	
<b>Amount:</b>	
<b>Date:</b>	
<b>Card Number:</b>	
<b>Expiration date:</b>	
<b>Security Code (on back of card, aka CSV #)</b>	
<b>Name shown on card:</b>	
<b>Billing Address for card:</b>	
<b>Authorized Signature:</b>	