CREDIT CARD PAYMENT AUTHORIZATION

Please print legibly and fax completed and signed form to 201 995 9981
or scan / email to accounting@transmodal.net

DATE:_____

YOUR NAME AS IT APPEARS ON THE CREDIT CARD

CREDIT CARD NUMBER: _____

CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS

EXPIRATION DATE: _____ SECURITY CODE _____
MONTH / YEAR

BILLING ADDRESS:

Invoice(s) Paid:	Invoice Amount:
	$
	$
Invoice(s) Total:	$
Credit Card Processing fee: 3.50% domestic or 4% international transactions	$
Total Amount that will be charged to your credit card account :	$

PLEASE NOTE: 3.50 % PROCESSING FEE APPLIES TO ALL CREDIT CARD TRANSACTIONS.
ADDITIONAL CROSS BOARDER FEE OF 0.50% APPLIES TO INTERNATIONAL CC TRANSACTIONS.
COPY OF DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED ID IS REQUIRED FOR THE FIRST TRANSACTION.

AUTHORIZED SIGNATURE: _____
Your signature on this form acknowledges and authorizes Transmodal Corporation to charge your credit card for the total invoice(s) amount shown plus the above mentioned processing fees.

Your email address for receipt:

For internal use only:	Authorization Code:	Date:

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