



**CREDIT CARD AUTHORIZATION REQUEST**

**\*REQUIRED FOR PROCESSING**

Date: \_\_\_\_\_

**Fax to: 612-605-9453**

\*Amount: \$ \_\_\_\_\_

\*Card Type:      VISA    M/C

\*EXP DATE: \_\_\_\_\_

\*Card #: \_\_\_\_\_

\*Name as it appears on the card: \_\_\_\_\_

\*Address where card is billed: \_\_\_\_\_

City/State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

I understand that my credit card will be charged an additional 3% processing fee..

**\*CARDHOLDER SIGNATURE:** \_\_\_\_\_

Apply the credit card amount shown above to the following Freight Bill / Invoice numbers:

<u>Freight Bill / Invoice #</u>	<u>Amount</u>
▪ _____	_____
▪ _____	_____
▪ _____	_____
▪ _____	_____

ZLN / AMERICAN WEST / INTERLOG ASSOCIATE SUBMITTING REQUEST:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Card Authorization #: \_\_\_\_\_

By: \_\_\_\_\_

Debtor Code: \_\_\_\_\_

Notes entered in system.

**\*THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE SIGNED CARD, FRONT AND BACK.**