



Credit Card Payment Authorization Form

From Company: _____

Please return the completed and signed form by email or fax

Check one:

Input boxes for Visa, MasterCard, American Express, and Other.

Credit Card #: _____

Security Code: _____

Exp. Date on Credit Card (mm/yr): _____

Name as appears on card: _____

Company name on card (if applicable): _____

Credit card billing address: _____

City: State: Zip: _____

Telephone Number: _____

Fax Number: _____

Input box for on-going transactions authorization.

Input box for payment only authorization.

Invoice or Shipment Reference Number(s): _____

Total Amount in USD: _____

I authorize Express Book Freight, Inc. to charge my credit card for payment of their products and/or services as noted above. If Express Book Freight, Inc. is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this 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: _____

EXPRESS BOOK FREIGHT, A DIVISION OF TRANSACTION PUBLISHERS, INC.

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