

Credit Card Authorization Form

COMPANY NAME:	ACCT #:
pay my JetEx Logistics account balance with my weekly invoice for shipping services and will auto the invoice date, unless otherwise specifically agre I authorize JetEx Logistics to charge the credit car revoke it in writing. I understand that credit card payment is an alternarights or the rights of JetEx Logistics with respect	rd indicated below. This authorization will remain valid until I ative method of payment only and does not otherwise affect my to payments on my account. I further understand that JetEx card payment plan and/or my participation in it. I agree to pay
() VISA () MasterCar	rd () American Express () Discover
Name on Credit Card:	
Billing Street:	
Billing City:	State:
Zip Code: Country:	
Telephone: ()	
Credit Card Number:	
Expiration Date:/ VID Cod (Visa/MC/Disc, last three digits on back. AMEX, four digits printe	
Your E-Mail and/or Fax number:Authorized Signature:	Authorization Valid Until:/
card fraud. JetEx Logistics will keep all infor	elps us to protect you, our valued customers, from credit mation entered on this form strictly confidential. ns for all shipments which is located on the JetEx Logistics

Please fax or e-mail the completed and signed authorization form to:

972-428-9220 FAX accounting@jetexlogistics.com



P: 866-245-1853 F: 972-428-9220