



Credit Card Authorization

For your convenience, we will use this authorization to charge your credit card account for your shipment

Amount Req: _____ Date: _____ Station: _____

<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Please Check One of the Following		
<input type="checkbox"/> Personal Card		<input type="checkbox"/> Corporate Card

Account# _____

Expiration Date: _____ Code: _____

Card Holders Name: _____

Signature: _____

Cardholders Co Name: _____

Cardholders Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

For BTX Global Logistics Only:

Ship Date: _____ Authorization # _____

Airway Bill or Invoice #: _____
