



CREDIT CARD AUTHORIZATION FORM

REMIT TO:

FAX: (858) 514-8999 PHONE: (858) 634-4688

I, _____ authorize payment of freight charges in the amount of \$ _____ to be charged to my:

Check one: Visa Mastercard American Express

CREDIT CARD NUMBER SEC CODE EXPIRATION DATE

CREDIT CARD BILLING ADDRESS

TELEPHONE NUMBER

I understand that Title 49 of the US Code dictates that motor carriers must collect all transportation charges in accordance with their published tariffs. Under federal law, the obligation to collect transportation charges is separate and distinct from the claims handling procedure.

CUSTOMER SIGNATURE

DATE

REFERENCE/INVOICE NUMBER(S): _____

▶ GUAM OFFICE
P.O. Box 12788
Tamuning, GU 96931

▶ HAWAII OFFICE
3005 Ualena Street
Honolulu, HI 96819

▶ LOS ANGELES OFFICE
14777 Don Julian Rd
City of Industry, CA 91746