



Challenger

Freight Systems, Inc.

P.O. Box 2303 / Grapevine, TX 76099 / (817) 424-4400 / Fax (817) 442-9608

CREDIT CARD PAYMENT AUTHORIZATION FORM

This is a written authorization for Challenger Freight Systems, Inc. to charge the following amounts to the card(s) listed below for the transaction(s) listed. This transaction is submitted in accordance with all "card not present" regulations. Information provided below is required to process the transaction, please complete in its entirety.

Date: _____

Company / Cardholder Name: _____

Cardholder Address: _____

City, State, Zip Code: _____

Authorizing Personnel: _____ Phone Number: _____

Credit Card Type: VISA MASTERCARD DISCOVER AMEX

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Total Amount: _____

ICV# (MC/Visa: 3-digit # on signature line, AMEX: Pin# on front of card): _____

Authorized Signature: _____

<u>Invoice / Reference #</u>	<u>Amount Paid</u>	<u>Invoice / Reference #</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Please check if you would like a receipt of this transaction faxed / emailed.

Fax Number: _____ Email Address: _____

Challenger Freight Representative _____

ACCOUNTING DEPARTMENT USE ONLY:

_____ Authorizing Transaction Number