



# Imperial Freight Brokers

## Credit Card Authorization

Company Name/Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Card Holder Information:

Type of Credit Card: \_\_\_\_\_

Number/Expiration: \_\_\_\_\_

Authorization Code:(last three on back of card, or last four on front of card if AMEX): \_\_\_\_\_

Billing address of Credit Card: \_\_\_\_\_

Billing Zip \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

I hereby authorize Imperial Freight Brokers, Inc. to charge my credit card number in the amount of \$ \_\_\_\_\_ For my shipments ref# \_\_\_\_\_

Please fax/email completed form to: [305-593-1781/accounting@imperialfreight.com](mailto:305-593-1781/accounting@imperialfreight.com)

Attention: Accounts Receivable.

\*Subject to 3% credit card processing fee unless otherwise noted\*