



AUTHORIZATION TO CHARGE PAYMENT AGAINST A CREDIT CARD

Air Waybill / Bill of Lading Number/Invoice Number _____

Amount Authorized: _____

Cardholders Name (please print): _____

Billing Address (please include ZIP code) _____

Phone & Fax Number: _____

Email Address: _____

Cardholder's Signature: _____

Date: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Please check appropriate card type:

____ VISA

____ MASTER CARD

____ AMERICAN EXPRESS

____ DISCOVER

Please complete this authorization form and fax a copy to (808) 839-0847 ATTN: Ann