



1057 Ellis Road N. Suites 12-14 Jacksonville, FL 32254
 787-200-9086 PR
 904-704-7658 JAX
 866-282-0749 F

CREDIT CARD &/OR E-CHECK AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US
 ALL INFORMATION WILL REMAIN CONFIDENTIAL

SHIPMENT PRO NUMBER: _____

SHIPMENT PRO AMOUNT TO BE PROCESSED: _____

ACCOUNTHOLDER NAME: _____

BILLING ADDRESS: _____

CHECKING ACCOUNT BANK INFORMATION:

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

BANK NAME: _____

CREDIT CARD INFORMATION:

CREDIT CARD NUMBER _____ Exp. Date: ____/____/____

CREDIT CARD SECURITY CODE (CVV) _____ TYPE: ____ VISA ____ MC ____ AMERICAN EXPRESS ____ Other (specify)

NOTE: THERE WILL BE A 3.5% TRANSACTION FEE WHEN CREDIT CARDS ARE USED.

I authorize **Tranz-Global** to charge the amount shown above to release my shipment.

ACCOUNTHOLDER – PRINT NAME, SIGN AND DATE BELOW:

SIGNED: _____

DATED: _____

NAME: _____

ONCE SIGNED RETURN THE COMPLETE FORM TO: accounting@tranzglobalxpress.com