



ONE-TIME USE CREDIT CARD AUTHORIZATION FORM

Service Shipping Inc. 1550 E Higgins Road, Suite 108 Elk Grove Village IL 60007 Office: 847-427-1775 Fax: 847-427-1790

Company Name: _____ Date: _____

I, _____, authorize Service Shipping Inc. to charge on my credit card the following:

Amount to be charged: \$ _____ U.S. Dollars

Credit Card Information:

Credit Card: (please circle one) M/C Visa Amex

Credit Card Number: _____

Expiration Date: _____ / _____ / _____ (month) (day) (year)

Credit Card Bill To Address: _____

City State: _____

Bill To Zip Code: _____

Signature Panel Code: _____ (AMEX 4 Digit on Front of Card DISC MC/VISA 3 Digit on Back of Card)

Cardholders Name: (exactly as it appears on the card) _____

X _____ (signature of cardholder)

Please note: All sales are final. Subject to the terms of the NCBFFAA

For office use only: Customer #: _____ Order #: _____ Approval Code: _____ Batch: _____

Please fax this completed authorization back to 1-847-427-1790