

Chain Express, Corp.
5220 S. University Dr., Suite 107
Davie, Fl. 33328
Ph. 305-477-4955
Fax. 305-477-6664
operations@chainexpress.com
www.chainexpress.com



CREDIT CARD AUTHORIZATION

To: _____

Fax: _____

From: _____

Date: _____

This form serves as authorization to charge the referenced Credit Card for Freight Charges

CHAIN EXPRESS INVOICE NUMBER	AMOUNTS:
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD NUMBER _____

V Code (Last three Numbers on back of Credit Card; For Visa Only) _____

NAME ON CARD _____

BILLING ADDRESS ON CARD _____

EXPIRATION DATE _____

AUTHORIZING SIGNATURE _____