

COMMERCE / Express, Inc.

CREDIT CARD AUTHORIZATION REQUEST

* REQUIRED FOR PROCESSING

Date: _____

Fax To: 612-789-2127

Amount: _____

* Card Type: Visa Mastercard Exp. Date: _____ CVV: _____

* Card #: _____ - _____ - _____ - _____

* Name as it appears on the card: _____

* Card Billing Address: _____

* City: _____ * State: _____ * Zip: _____ *Phone #: _____

****ALL CREDIT CARD TRANSACTIONS ARE SUBJECT TO A 5% PROCESSION FEE****

Commerce Express, Inc. offers other methods of payment that do not have fees associated with the transaction. If you do not want to pay the 5% fee, please contact us for other payment options. Thank you for your business. By signing this form, you agree to pay a 5% processing fee in addition to the Invoice amount(s) due.

* CARDHOLDER SIGNATURE: _____

Apply the credit card amount shown above to the following Freight Bill/Invoice Numbers:

Reference/Invoice #	Invoice Amount	5% Fee	Total Charged to Credit Card
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$