

ELECTRONIC CHECK AUTHORIZATION

Date:	
To:	
From:	
Email:	
Phone:	
Re: Our Invoice #	
Please submit copy of check on the next page.	
In order to deliver your cargo we require payment of the good payment to be made as follows:	freight charges at least 72 hours prior to schedule delivery with
Prepare a check in the proper amount to pay the attac authorized person.	hed invoice, made out to our company and have it signed by an
Clearly type or print the name of the person who signeThe check signer should sign on the line below, author electronic copy of the check.	d the check in the space provided below. rizing Commerce Express, Inc. to immediately negotiate the
 Email this page back with a copy of your signed check Retain the original copy of the check for your records - 	· · · · · · · · · · · · · · · · · · ·
We will process the information on your electronic check	and negotiate the processed check through normal banking
channels. Please call with any questions you may have.	
Name of person that signed the faxed copy of the check:	
(Print name clearly)	
Signature authorizing Commerce Express, Inc. Services this page:	to reproduce and cash the faxed copy of the check accompanying
(Authorized Signature)	
9380 CENTRAL AVENUE NORTHEAST I SUITE 340 I MIN	NEAPOLIS MN 55434 I 800 333 7731 I COMMERCEEXPRESSING COM



Please attach copy of signed check to this page.