

A 3.5% PROCESSING FEE WILL APPLY PER TRANSACTION

[Once completed and signed, please fax to 305-688-9651 or email to calonso@antillesfreight.com]

CREDIT CARD PAYMENT FORM PLEASE PRINT LEGIBLY

DATE:			
CARD TYPE: (Please circle one)	VISA	MASTERCARD	AMERICAN EXPRESS
NAME ON CARD:			
CREDIT CARD NUMBER:			
EXPIRATION DATE:	SECURITY CODE:		
BILLING ADDRESS:			
			
INVOICES/BILL OF LADING :			
INVOICE/BILL OF LADING#	AMOUNT		
	\$ \$		
	\$		
	\$		
	\$		
INVOICE (s) TOTAL:	\$		
3.5% PROCESSING FEE	\$		
GRAND TOTAL	\$		
AUTHORIZED SIGNATURE			
Your signature on this form acknowled	dges and authorizes	Antilles Freight Corp. to charge yo	our credit card.
For Antilles Freight Corp use only:			
Authorizations Code			
Date:			