



Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO: armail@pilotdelivers.com
All information will remain confidential

Processing Date: _____ Account # _____

Cardholder Name: _____

Billing Address: _____

Phone/Fax: _____

E-Mail Address: _____

Credit Card Type: Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$(USD) \$241.00 - \$291.00

Invoice #	342 74743	\$
Invoice #	_____	\$
Invoice #	_____	\$
Invoice #	_____	\$

Submitted by: (required) _____

Station: _____

Dated: _____

Receipt required: Yes No

FOR AR USE ONLY

Authorization Code: _____

