



Alliance Air Freight, Inc. Credit Card Authorization Form

DATE: _____

Customer: _____

Address: _____

City, State & Zip: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ Code # _____
(Visa/MC 3 digits on backside)

Name on Card: _____

Billing Address: _____

City, State & Zip: _____

Amount Authorized: \$ _____

AMOUNTS OF \$500 & OVER REQUIRE PHOTO I.D. & COPY OF CREDIT CARD TO BE FAXED AS WELL

I hereby give Alliance Air Freight, Inc. permission to charge my credit card for all services rendered. I understand the final amount may be higher than what is listed above, due to variances between the quote and actual shipment. If I have unpaid previous balances I approve those to be paid as well. Please fax this form back to 818-504-3924. If you have any questions, please call 800-6-TIMELY (800-684-6359). Thank you.

Customer Signature

Date

Print Name