



CREDIT CARD AUTHORIZATION REQUEST

***REQUIRED FOR PROCESSING**

Date: _____

Fax to: 805-926-2828

***Amount: \$** _____

***EXP DATE:** _____

*Card Type: VISA M/C AMEX

*Card #: _____

*Name as it appears on the card: _____

*Address where card is billed: _____

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

*CV2 _____ (3 digit number on the back of your card)

***CARDHOLDER SIGNATURE:** _____

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

<u>Freight Bill / Invoice #</u>	<u>Amount</u>
▪ _____	_____
▪ _____	_____
▪ _____	_____
▪ _____	_____

AMERICAN WEST ASSOCIATE SUBMITTING REQUEST:

Name: _____ Phone: _____

Credit Card Authorization #: _____

By: _____

Debtor Code: _____

Notes entered in system.

***CREDIT CARD PAYMENT AMOUNTS OF \$1,000.00 OR MORE NEED TO BE ACCOPANIED BY THE SIGNED CARD, FRONT AND BACK**