



CREDIT CARD TRANSACTION REQUEST

***REQUIRED FOR PROCESSING**

*Date: _____

Fax to: 805-926-2828

*Total Amount: \$ _____

*Card Type: VISA M/C AMEX *EXP DATE: _____

*Card #: _ _ _ _ _ _ _ _ _ _

*NAME AS IT APPEARS ON THE CARD: _____

*Address where card is billed: _____

*Zip Code: _____ *Phone #: _____

***CARDHOLDER SIGNATURE:** _____

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

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

American West Associate submitting request: _____ X

Authorization #: _____

By: _____

Debtor Code: _____

Notes entered in system.

***CREDIT CARD PAYMENT AMOUNTS OF \$1000.00 OR MORE NEED TO BE ACCOMPANIED BY THE SIGNED CARD, FRONT AND BACK**