



Credit Card Authorization Consent Form

Name on the Card: _____

Type of Card: Visa MCD AmEx Discover Other

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Invoice Number Item(s) _____

Invoice Amount \$ _____

3.5 % Charge \$ _____

(payments with Credit Card has 3.5% additional charge of the invoice amount)

Total Amount to be charged \$ _____

Authorized Signature of Cardholder _____

By signing this, I acknowledge the charges described on this form . Assume full responsibility for said charges and agree to honor and abide by the terms of payment. I acknowledge and accept ALVA FREIGHT INTERNATIONAL LLC terms and conditions.

Signed: _____ Date: _____

*Submit only to accounting@alvafreight.com