



INLAND FREIGHT LINK

Where Dependability is The Bottom Line

CREDIT CARD PAYMENT FORM

CARD TYPE: VISA / MASTER CARD / AMEX / DISCOVER (Please Circle)

COMPANY NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: ____/____

SECURITY CODE: _____

CARDHOLDERS NAME: _____

CARD BILLING ADDRESS: _____

INV# OR QUOTE# TO PAY: _____ CHARGES: \$ _____

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INV# OR QUOTE# TO PAY: _____ CHARGES: \$ _____

INV# OR QUOTE# TO PAY: _____ CHARGES: \$ _____

ADD CONVENIENCE FEE: \$ _____

TOTAL AMOUNT TO BE CHARGED: \$ _____

I agree to pay the above TOTAL AMOUNT TO BE CHARGED above indicated according to Credit Card issuer agreement. If paying based on a quote, please note that any changes on the rate quoted resulting from a difference in the weight, measurements, commodity classification of freight, need of additional special equipment or additional accessorial charges will be billed to the credit card above accordingly.

AUTHORIZED SIGNATURE: _____

DATE: _____

3350 SW 148th AVE STE 110 Miramar, FL 33027-3237 Tel: 954-699-0172 Fax: 888-600-3427

www.inlandfreightlink.com

