



IMPERIAL CFS, INC.

1000 FRANCISCO ST.

TORRANCE, CA 90502

TEL: (310) 768-8188 FAX: (310) 527-7288

CREDIT CARD AUTHORIZATION FORM

Master Bill: _____

AMS Hbl (House b/l optional): _____

Piece Count: _____

Weight (LBS): _____

Commodity: _____

Name on Credit Card: _____

Billing address of Cardholder: _____

Contact Phone Number: _____

Credit Card Type: _____

Credit Card Number: _____

Exp Month/Year (MMYY) _____

3 or 4 digit CVV Code (Back of Card) _____

AMOUNT TO CHARGE: _____

SERVICE CHARGE 5% _____

I AGREE TO THE CHARGE ABOVE AND UNDERSTAND THAT ALL CHARGES ARE FINAL. ALL DISPUTES OR QUESTIONS REGARDING CHARGES MUST BE RESOLVED BEFORE CHARGING. I AGREE TO IMPERIAL'S 5% SERVICE CHARGE ON TOP OF THE AMOUNT DUE.

SIGNATURE _____

PRINTED NAME: _____

**IMPORTANT! IN ORDER TO EXPEDITE THE PROCESSING OF YOUR PAYMENT:
PLEASE EMAIL THIS FORM TO ACCOUNTING@IMPERIALCFS.NET
PLEASE PUT IN THE SUBJECT LINE "CREDIT CARD PAYMENT" AND MBL**