



AMERICAN FREIGHT INC

2399 Merry Ln. White City, OR 97503

541-826-5277 Office / 541-826-5176 Fax

COMPANY NAME: _____

Cardholder Name: _____

Billing Address: _____ City: _____

ST: _____ Zip: _____ Phone #: _____ Ext: _____

CARD TYPE: VISA _____ MASTERCARD _____ DISCOVER _____

CREDIT CARD #: _____ - _____ - _____ - _____

CID #: _____ EXPIRATION DATE: _____

(3 digit # on back of the card)

By signing this form, I give authorization and approval for American Freight Inc. to charge my credit card account as shown for services provided. This form must be completed and returned prior to any work commencing. We will not run cards when names and signatures do not match.

Card Holder Signature: _____

Print Name: _____ Date: _____

THERE IS A 2.5% SERVICE FEE ADDED FOR EVERY CREDIT CARD TRANSACTION

Please provide copy of front and back of card along with copy of photo id.

FRONT OF CARD	BACK OF CARD
---------------	--------------