

Trans-Border Global Freight Systems, Inc.

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Rev. 1/18

CREDIT CARD AUTHORIZATION

I hereby authorize Trans-Border Global Freight Systems, Inc. to bill all designated charges to my credit card below.

Date: _____

Company Name: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Card Type:

Visa

MasterCard

American Express

Discover

Card Number: _____

Expiration Date: _____

Please retain my credit card on file for future use:

Yes

No

INVOICE # _____

FILE # _____

INVOICE AMOUNT \$ _____

INVOICE # _____

FILE # _____

INVOICE AMOUNT \$ _____

INVOICE # _____

FILE # _____

INVOICE AMOUNT \$ _____

INVOICE # _____

FILE # _____

INVOICE AMOUNT \$ _____

INVOICE # _____

FILE # _____

INVOICE AMOUNT \$ _____

INVOICE # _____

FILE # _____

INVOICE AMOUNT \$ _____

Disbursement Fee (if applicable) _____ % = \$ _____

Total Charged \$ _____

By: _____

AUTHORIZATION # _____

Signature: _____

Print Here: _____

COMPLETE AND RETURN FORM BACK WITH SIGNATURE BY FAX OR E-MAIL TODAY SO WE MAY EXPEDITE YOUR SHIPMENT