



SATURN FREIGHT SYSTEMS Credit Card Authorization

Please fill out the form below
and fax to (770) 693-5749

Date: _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Type of Credit Card: _____ Please send my receipt for this transaction
Security Code: _____ Fax/Email: _____

Credit Card Number: _____ Expiration: _____

Authorization: I hereby authorize Saturn Freight Systems to charge my above credit card the total amount below

Authorizer Name: _____

<u>Invoices</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please print form
and fax to
(770) 693-5749

Total of Invoices: _____

Processing Fee (1.5%) _____

Grand Total to charge: _____

Corporate Office Use Only:	
Account Number: _____	CC charged by: _____

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