



Tel: 877-208-5645 AR@EXFREIGHT.COM

CREDIT CARD PAYMENT FORM

Company Name:	
Cardholder Name : (as shown on card)	
Credit Card #:	
CCV#	
Exp Date:	
CC Type:	
Address for Card:	
City:	
State / Province / Region:	
ZIP / Postal Code:	
Country:	
Email receipt to:	

CONTACT INFORMATION

Name:	Email:
Tel:	Fax:

- I acknowledge that I am the authorized user of the above credit-card account. I authorize use of the above credit-card account by EX-FREIGHT ZETA INC for payment on my account.
- I acknowledge and understand that the above-referenced charge is for services rendered on my behalf and at my request by EX-FREIGHT ZETA INC. Should the weight and volume exceed or be under the original estimate, I authorize the charges be amended accordingly.
- I acknowledge that, by providing this service, EX-FREIGHT ZETA INC has met its obligations for the above charge. I acknowledge that this agreement may be cancelled if cargo has not been tendered to carrier and I agree to pay a penalty of 5% to cover transaction fees. If cargo is already tendered to the carrier, I acknowledge that this agreement may not be cancelled.
- I acknowledge that I have read all the Conditions of Contract which are available on www.exfreight.com/terms-condition.html and I agree with them.

Name:	Signature:
Date:	
Title:	

COPY OF GOVERNMENT ISSUED ID AND CREDIT CARD

COPY OF ID	COPY OF CARD
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