



# 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 (3%) \_\_\_\_\_

**Grand Total to charge:** \_\_\_\_\_

<b>Corporate Office Use Only:</b>	
Account Number: _____	CC charged by: _____

last edited 05/11