



## CREDIT CARD AUTHORIZATION FORM

<b>Card Holder's Name:</b> (As it appears on the card)	
<b>Type of Card</b> (Circle):	
<b>Credit Card Number:</b> XXXX - XXXX - XXXX - XXXX	
<b>3 Digit Security Code:</b> (On back of your card)	
<b>Expiration Date:</b> XX / XX	
<b>Billing Address:</b> (Where card is issued)	
<b>E-mail Address:</b> (For transaction receipt)	

Invoice Number	\$	Amount (US\$)
	\$	
	\$	
	\$	
	\$	
	\$	
<b>Total Amount</b>	\$	

I wish to authorize payment of invoices for transportation services from Innovative Worldwide Logistics, Inc. using this Credit Card Authorization Form. I agree that I will pay for these charges and indemnify and hold Innovative Worldwide Logistics, Inc. harmless against any liability pursuant to this authorization. I certify that I am the cardholder and these charges are authorized. All payments are final. No refunds.

<b>Card Holder's Signature:</b>	<b>Date:</b>

FAX COMPLETED FORM TO (865) 922-2493