



**CREDIT CARD PAYMENT AUTHORIZATION**

To The Credit Department:

Account Name: \_\_\_\_\_ Telephone/Account Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

I (please print name) \_\_\_\_\_ authorize Best Overnite to charge \$ \_\_\_\_\_ to my credit card for payment on the following invoice(s).

Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
 (Circle one) Visa MasterCard Discover American Express

Authorized / Card Holder's Signature: \_\_\_\_\_

\*\*\* NOTICE - A 3% PROCESSING FEE WILL BE ACCESSED FOR ALL CREDIT CARD TRANSACTION'S \*\*\*

Pro Number(s)	Amount		Pro Number (s)	Amount		Pro Number(s)	Amount

**Please Note:**  
 Shipments pre-paid based on quotes are open- transactions that may require additional fee. Your signature below gives authorization to Best Overnite the right to process the additional charges on your card without prior consent.

Authorized / Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax back to (626)283-5793 or email to [accountsreceivable@bestovernite.com](mailto:accountsreceivable@bestovernite.com)