



AUTHORIZATION FOR CREDIT CARD CHARGES

I _____

Authorize, **Norman's Air Freight Services** to bill the following credit card(s) as payment for:

Name of Card Holder _____

VISA MasterCard Discover AMEX

Card Number _____ Expiration Date _____

CVV2/SEC. CODE _____ Amount \$ _____

Credit Card Billing Address:

Address

City/State/Zip

Signature of Card Holder

Date

NORMAN'S CHARGES A 2% SERVICE FEE FOR ALL CREDIT CARD TRANSACTIONS