



Tel: (562) 946-9083 Fax: (562) 236-2965,  
12866-1 Ann Street, Santa Fe Springs, CA 90670

## Credit Card Charge Form

DATE		INVOICE #	
CUSTOMER NAME ON INV.			
CUSTOMER TEL #			
CUSTOMER FAX #			
BOL #			
INVOICE AMOUNT USD.			
VISA		MASTER	
			AMEX
EXPIRATION DATE			
CREDIT CARD #			
SECURITY CODE			
CARD HOLDER NAME			
CARD HOLDER ADDRESS			
CITY			
STATE / ZIP			

By signing the below, I agree to pay said invoice amount stated herein this form and authorize Group Transport Inc. to charge to the credit card provided.

**CUSTOMER SIGNATURE:** \_\_\_\_\_

**PRINT NAME / DATE:** \_\_\_\_\_

Please fax to: 562 - 236 - 2965