



CREDIT CARD AUTHORIZATION

CHECK ONE: Visa MasterCard

Client Name: _____

Credit Card Number: _____

Name On Card: _____

Credit Card Billing Address: _____

Expiration Date: _____

Amount: _____

Invoice Number: _____

Signature: _____ Date: _____

Drivers License No #: _____
(please include a copy of your DL - fax back to 714-990-3340)

Thank you,
Receivables Department

PH# 800-822-4196 Fax # 714-990-3340
or customerservices@goexpressway.com - Attn: Receivables