



Credit Card Authorization Form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

Name on Card: _____

Biling Address: _____

Name on Card

Credit Card Type: _____ Visa _____ Mastercard

 _____ Discover _____ AMEX

Credit Card Number: _____

Expiration Date: _____ / _____

Card Identification Number: _____ (Last 3 digits located on the back of the credit card)

Amount to charge: \$ _____ (USD)

I authorize IMPERIO CARGO EXPRESS CORP to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder-Please Sign and Date

Signature: _____

Print Name: _____

Date: _____ / _____ / _____