



SATURN FREIGHT SYSTEMS Credit Card Authorization

Please fill out the form below
and fax to (770) 693-5749

Date: _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Type of Credit Card: _____ Please send my receipt for this transaction

Security Code: _____ Fax/Email: _____

Credit Card Number: _____ Expiration: _____

Authorization: I hereby authorize Saturn Freight Systems to charge my above credit card the total amount below

Authorizer Name: _____

Invoices

Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total of Invoices: _____

Please email form
AR@saturnfreight.com

Processing Fee (I %) _____

Grand Total to charge: _____

Corporate Office Use Only:

Account Number: _____

CC charged by: _____

P.O. BOX 680308 Marietta, GA 30066 Tel: (866) 952-3490 Fax: (770) 693-5749