



credit card authorization

DATE: _____

DEAR CUSTOMER,
PLEASE SIGN AND FAX TO 954-417-3767 OR EMAIL TO KHADERA@TWINEX.US

THIS WILL AUTHORIZE TWINex TO PROCESS YOUR CREDIT CARD FOR ALL YOUR FREIGHT CHARGES.

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: **month** _____ **date** _____ **year** _____

ZIP CODE OF BILLING ADDRESS: _____

CREDIT CARD SECURITY CODE: _____

EMAIL: _____

PHONE # _____

SIGNATURE: _____

I HEREBY AUTHORIZE TWINex TO BILL THIS CREDIT CARD FOR ALL MY FREIGHT CHARGES.

SHIP ALL ITEMS, FREIGHT AND MAIL TO (GHB, RSD, ELH etc.)

CUSTOMER USERNAME: _____

PLEASE FAX TO 954-417-3767

ATT-KHADERA

RESPECTFULLY,
TWINex

Thank you for your business - we appreciate it very much.