



**BEST YET EXPRESS**

**CREDIT CARD AUTHORIZATION FORM**

Please complete all fields. You may cancel this authorization at any time by contacting our billing department. This authorization will remain in effect until cancelled. Your payment information is strictly confidential and secure.

CREDIT CARD INFORMATION				
CARD TYPE:	MASTERCARD	VISA	DISCOVER	AMEX
CARDHOLDER NAME (AS SHOWN ON CARD): _____				
CARD NUMBER: _____			SEC. CODE: _____	
EXPIRATION DATE (MM/YY): _____		EMAIL (FOR RECEIPT): _____		
CARDHOLDER BILLING ADDRESS: _____				
CARDHOLDER TELEPHONE NUMBER: _____				

I, \_\_\_\_\_, authorize **Best Yet Express, Inc.** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to my account for future transactions. I understand that Best Yet Express, Inc. will charge an **additional 3%** convenience fee for all credit or debit card transactions.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date