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TOLL FREE WITHIN USA & CANADA:
TEL 1-800-878-0303
FAX 1-888-878-0303

****PLEASE COMPLETE THE FOLLOWING (PLEASE TYPE OR PRINT)****

Company Name: _____

Primary Cardholder's Name (As it appears on card): _____

Cardholder's Billing Address: _____

Cardholder's Drivers License#: _____

Work Phone #: _____ Home Phone #: _____

Type of Card: VISA () MASTERCARD () AMEX () DISCOVER ()

Credit Card Number: _____ Date Card Expires: _____

Charge Amount: _____ Invoice/Reference#: _____

3-4 Digit Security Code (found on the front or back of your card): _____

Please include a copy of the above credit card (Front & Back) and a copy of the driver's license for the cardholder indicated above. If either of the two items is missing, no charges may be made until Express Air Freight receives said information

CARDHOLDER'S SIGNATURE: _____ TODAY'S DATE: _____

Cardholder hereby acknowledges and authorizes charges on the above credit card in exchange for the goods and/or services that are enumerated with Express Air Freight Unlimited, Inc., and/or Skyline Freight, Inc. (ocean division), and agrees to perform the obligations set forth in the cardholder's agreement with the issuer of credit.

YOUR WORLDWIDE LOGISTICS PARTNERS

