

Dalton Trucking, Inc.

Credit Card Payment Control

Date: _____

Name On Account: _____

Credit Card #: _____

3 Digit Security Code: _____

Expiration Date: _____

Dollar Amount (3%) _____

Billing Address Of Card Holder: _____

City and Zip Code: _____

Company Phone #: _____

Customer Phone #: _____

Invoice # _____ Invoice # _____

Run each invoice separately? Yes or NO (only when paying more than I invoice)

Requested By: _____

Approval #:

Customer Telephone # _____ Fax # _____