



**Safe Way Auto Transport, LLC**

P.O. Box 832, Eddyville KY 42038  
270-388-4657 ~ FAX 866-565-3338  
[swat\\_team@bellsouth.net](mailto:swat_team@bellsouth.net)  
[www.safewayautotransport.com](http://www.safewayautotransport.com)

---

**Credit Card Authorization Form**

Customer Name: \_\_\_\_\_

BILLING Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please completed the following information carefully so that your payment can be processed accurately.

**Signature of Card Holder:** \_\_\_\_\_

**Card number:** \_\_\_\_\_

Visa \_\_\_\_ MC \_\_\_\_ AMEX \_\_\_\_ Discover \_\_\_\_ PayPal \_\_\_\_

**Expiration date:** Month \_\_\_\_\_ / Year \_\_\_\_\_

**CVC:** \_\_\_\_\_ (3 digits on back of card or 4 on front of AMEX)

**A 4% convenience fee will be added.**