

**SHELBA D JOHNSON TRUCKING, INC  
PO BOX 7287  
HIGH POINT, NC 27264  
336-476-2000**

**CREDIT CARD FORM**

**EITHER SCAN AND EMAIL TO AR@SDJTRUCKING.COM**

**OR FAX TO 336-476-0187     ATTN: ACCOUNTS RECEIVABLE**

**THE UNDERSIGNED GIVES SHELBA D. JOHNSON TRUCKING INC.  
AUTHORIZATION TO BILL THEIR CREDIT CARD.**

**COMPANY NAME:** \_\_\_\_\_

**NAME OF CREDIT CARD (IF DIFFERENT)** \_\_\_\_\_

**CREDIT CARD BILLING ADDRESS:** \_\_\_\_\_

**CREDIT CARD: VISA (    )    MASTERCARD (    ) V CODE #** \_\_\_\_\_

**CREDIT CARD NUMBER:**  
\_\_\_\_\_

**EXP DATE:** \_\_\_\_\_ **AMOUNT TO BE CHARGED:** \_\_\_\_\_

**PRO BILL(S) TO BE POSTED TO THE ACCOUNT:**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_