

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Yamato Transport U.S.A., Inc.

80 Seaview Drive, Secaucus, NJ 07094

Please enclose to envelope for security purpose.

重要情報保護のため、封筒等に封入して頂きます様、宜しくお願い致します。

NAME OF CARD HOLDER:

First Name: _____

Last Name: _____

TOTAL US \$ AMOUNT: \$ _____.

CREDIT CARD TYPE: VISA MASTER AMEX JCB OTHER (_____)

CARD NUMBER: [16 digit grid]

EXPIRATION DATE: (MONTH) / (YEAR)

CARD HOLDER'S SIGNATURE: _____

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER. CARDMEMBER ACKNOWLEDGE THE FREIGHT MAY BE SHIPPED VIA COLLECT (C.O.D.) IF THE CARD FAILS PROCESSING.

Please write down TRK#. (12 Digits)

(国際宅急便、つめ放題パック、オーバーサイズ宅急便の12桁のトラッキング番号を記入下さい)

12-digit tracking number grid with labels 1st through 10th.