



COLUMBIA GRAIN

1300 SW Fifth Avenue Suite 2929. Portland OR 97201

## CREDIT CARD AUTHORIZATION

Please note that email is not encrypted and is not considered a secure means of transmitting credit card numbers. For your protection, Columbia Grain International, LLC, encourages you to return this form by fax to the fax number listed below. Columbia Grain International, LLC will not be liable for any fraudulent transactions, liabilities, or damages that arise from transmitting this form in any manner other than to the fax number below. ALL CREDIT CARD TRANSACTIONS ARE SUBJECT TO A 3% PROCESSING FEE. THIS FEE WILL BE ADDED TO THE AMOUNT YOU ARE HEREBY AUTHORIZING.

**Return to Carol Ross**  
**Facsimile: (206) 350-8451**

DATE: \_\_\_\_\_

Customer/Account Name \_\_\_\_\_

Email/Fax # for receipt \_\_\_\_\_ Ph # \_\_\_\_\_

Card Type VISA    MasterCard                      AMEX DISCOVER

Last 4 digits of CARD # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Person Authorizing Credit Card Charge \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Invoice, Quote or Sales Contract Number(s) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

CUST. # \_\_\_\_\_ Division \_\_\_\_\_

Payment amount : \$ \_\_\_\_\_ Fee : \$ \_\_\_\_\_ Total : \$ \_\_\_\_\_

**Important: Do not submit the full credit card number using this form, this information will be collected over the telephone by CGI.**

