

# Credit Card Receipt

Date:



**Bill To**

**Name on Card:**

**Company Name:**

**Address:**

**City:**

**State:**

**Zip/Postal Code:**

**Phone:**

**Fax:**

**Person Authorizing**

EVANS DELIVERY COMPANY, INC.  
 P.O. BOX 268  
 POTTSVILLE, PA  
 UNITED STATES  
 17901

Phone: 570-385-9048  
 Fax: 570-385-9139

creditdepartment@evansdelivery.com  
 WWW.EVANSDELIVERY.COM

**Card #:**

**Card Type:**

**Expiration Date:**

**Code: (3 digits)**

Invoice #	Description	Quantity	Total Amount	Amount
			<b>Sub-total</b>	
			<b>Total Credit</b>	

**Reason for Card Payment :**

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. I hereby authorize Evans Delivery to collect payment for any accessorial charges related to the freight movements noted above.

**Signature:** \_\_\_\_\_



**THE POWER OF A NETWORK YOU CAN COUNT ON**