



Credit Card Authorization and Consent Form

I, _____ hereby authorize
TNT, Inc. to charge my credit card for \$ _____

Type of Card Visa MasterCard Discover American Express

Credit Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Credit Card billing address: _____

Security Code: _____

Billing Phone: _____

Authorized Signature of Cardholder _____

Signing this, I acknowledge the charges described hereon and assume full responsibility
for said charges and agree to honor and abide by the terms of payment.

Signature: _____

Date: _____

Please fax to: (802) 879-7740 or email kristina@tntvermont.com