



P.O. Box 24348
Seattle, WA 98124
Tel (206)768-3503
Fax (206)988-0032

Visa/MasterCard Authorization Form

Please complete the following information and fax to: Gina Gable, 206-444-7105

From:

Date:

Fax:

Pages:

Phone:

I hereby authorize Alaska Marine Lines, Inc., to charge my Visa or MasterCard account for payment of the following Alaska Marine Lines, Inc., invoice(s):

<u>Pro/Invoice Numbers</u>	<u>Dollar Amount</u>	<u>Pro/Invoice Numbers</u>	<u>Dollar Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: \$

Customer Account Code:

Customer Name:

Customer Address:

Name as it appears on credit card:

Credit Card #: _____

V-Code: _____

Expiration Date: _____

Zip Code: _____

Signature of Cardholder/Authorized Signer: _____

Printed Name: _____

All services are subject to the standard terms and conditions of our Surface Transportation Board tariff (available at www.lynden.com/aml/100terms.htm) and the bill of lading published therein. By shipping with Alaska Marine Lines, Inc., you are acknowledging acceptance of those terms and conditions.