



**Greeneye  
e-Manifest**

# ADD PAYMENT METHOD

\*SCAC:

NAME ON CARD:

CREDIT CARD #:

- VISA
- MASTERCARD

EXPIRATION DATE:  /  SECURITY CODE:   
M M / Y Y

TELEPHONE #:  -  -

ADDRESS:

CITY:

PROVINCE/STATE  POSTAL CODE:

I hereby authorize Greeneye e-Manifest to charge my credit card for provided services on a periodic basis. You may cancel automatic payment authorization at any time by contacting Greeneye in writing, by phone, or by fax.

CARDHOLDER SIGNATURE: \_\_\_\_\_

CARDHOLDER NAME (PRINTED) \_\_\_\_\_

TODAY'S DATE:  /  /   
M M / D D / Y Y Y Y

Fax to: **701.499.7404**

\* = All fields required

