



Credit Card Payment Authorization Form

Sign and complete this form to authorize Global Logistics Solutions, LLC, to make a debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

Please return to Accounting@gogloballogistics.com or secure fax **1-636-323-2035**

Please complete the information below:

I _____ authorize Global Logistics Solutions, LLC, to charge my credit

card account indicated below for _____ on or after _____.

(Amount)

(Date)

Payment Authorization:

Continual

Single

Checking the Continual box above authorizes Global Logistics Solutions, LLC, to automatically allow charges to my credit card for all orders placed with Global Logistics Solutions, LLC. Checking the single box authorizes a single transaction for specified amount.

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Company Name	_____			
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVV2 (3 digit code on back of card, 4 digit code on front of AMEX)	_____			
Billing Address	_____	Phone Number	_____	
City, State, Zip	_____	E-mail Address	_____	

I have read and agree to all the terms and conditions on this page as well as conditions of Global Logistics Solutions, LLC, found on www.gogloballogistics.com. By signing below, customer agrees to pay for any and all costs associated with freight insurance. If additional fees are assessed, customer will be alerted and the customer's credit card will be billed for the additional costs. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ DATE _____