

FREIGHT SOLUTIONS LLC

"FOR ALL YOUR SHIPPING NEEDS"

951-520-1217

Credit Card Authorization Form

Please use this form if you intend to use your credit/debit card to pay for your transaction(s) with Freight Solutions LLC

Date: _____

Customer Name: _____

Please check type of card to be used:

Master Card _____ **Visa** _____ **American Express** _____

Credit Card Number: _____

Name as it appears on Credit Card: _____

Expiration Date: _____ **Security Code:** _____

Cardholder Telephone Number: _____

Credit Card Billing Address: _____

I AUTHORIZE FREIGHT SOLUTIONS LLC TO CHARGE MY CREDIT CARD FOR THE FOLLOWING AMOUNT:

\$ _____

Credit Card Holder's Signature: _____

Please FAX or Email completed form to: 951-520-8581

For Office Use Only

PRO# _____

Authorization# _____

Requested by: _____