



REMIT PAYMENT TO:
 HUMMINGBIRD EXPRESS LOGISTICS
 PO BOX 1455
 SPRING, TEXAS 77383
 PH: 832-813-8135

CREDIT CARD AGREEMENT FORM

NAME ON CREDIT CARD	
COMPANY NAME	
BILLING ADDRESS	
CONTACT PERSON	
TELEPHONE NUMBER	
TYPE OF CARD (CIRCLE)	<input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER
CREDIT CARD #	
EXPIRATION DATE	
SECURITY CODE	
AMOUNT TO BE CHARGED	
INVOICE NUMBER(S) TO BE PAID	
SIGNATURE OF CARD HOLDER	
DATE	

By signing this form you are authorizing **HUMMINGBIRD EXPRESS LOGISTICS** to charge the credit card number provided for services rendered. If a credit card payment is declined, there will be an additional fee of \$35.00.

Upon completion of this form please email back to ap@hbelogistics.com with a copy of a current and valid ID in the name of the cardholder.