

TCF Legacy Nationwide Dispatching & Logistics, LLC

Rex, GA 30273

833-553-5429

One Time Credit Card Payment Authorization Form

for TCF Dispatching Services

Sign and complete this form to authorize **TCF LEGACY DISPATCHING SERVICES, LLC** to make a one time 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. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. This deposit will be held for 30 days after initial carrier agreement is signed. On day 31, this deposit will be deducted from the next due invoice. This deposit is forfeited if the dispatcher-carrier agreement is terminated or broken prior to 30 days of signature.

Please complete the information below:

I _____ authorize **TCF LEGACY DISPATCHING SERVICES, LLC** to charge my credit card account indicated below for **\$300** on or after _____. This payment is for **DISPATCHING DEPOSIT**.

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

Account Type: **Visa** **Mastercard** **AMEX** **Discover**

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on the front of AMEX) _____

SIGNATURE _____ **DATE** _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. 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. THERE ARE NO REFUNDS FOR GOODS OR SERVICES.