

## PO Box 398 North Little Rock, AR 72115 Phone 501-371-9814 Fax 501-374-5960

## PREPAY CREDIT CARD AUTHORIZATION FORM

I hereby authorize Priority 1 to charge my stated credit card / debit card for each shipment made on my behalf by Priority 1 on the morning following the shipment booking date.

BILL TO:	Cardholder's name:				
<b>Priority 1's cos</b> quote number al below to cover a	ard payments are subject to the of acceptance. Quote amou bove. Customer agrees to term ny additional charges incurred If the credit card is declined,	nt is based upon ns in quote# abo by 3 <sup>rd</sup> party as a	information provided by ve, and authorizes Priorit result of information prov	customer and specified in y 1 to charge credit card	
Type of card:	MASTERCARD	VISA	DISCOVER	AMEX	
Card number:					
Expiration date (Month / Year): Card verification/Security code:					
Billing address	of card: (where you receive	your card stat	ements or bills every n	nonth):	
Street:				_	
City: _	City: Sta		ate/Zip/Country:		
Phone number:		Email address:			
that I will not card issuer o this form. I f claim for any in a freight c claim. I ack	I am an authorized hole to dispute the above credict provider, so long as the further understand that reason. Any freight claim with carrier, and refunded the Priority1 tylinc.com/terms-and-com/term	t charge / del ne transactior I cannot disp m for damage unds will be   Terms and (	oit charge through man corresponds to the oute this charge as a contract or service or service or cessed from the processed fro	y credit card / debit terms indicated on a result of a freight e failure must result payout of the freight	
Cardholder's signature:			Date:		
For Intern	al Use (if more than or	ne invoice/BO	_, use supplemental	page):	
Customer Acct# Customer Acct Name:					
BOL/Invoice # Pmt #(if r			if refund)		