

Truck Driver Nation – Third-Party Card Authorization Form

This form is required when a client is using a third-party credit or debit card for payment. The cardholder must complete and sign this form and provide a valid government-issued photo ID.

1. Client Information

- Client Name: _____
- Client Phone Number: _____
- Program Enrolled: _____

2. Cardholder (Third-Party Payer) Information

- Full Name on Card: _____
- Relationship to Client: _____
- Phone Number: _____
- Billing Address: _____

3. Card Details

Authorized Amount (Initial Payment): \$149 + \$50 = \$199.00

Date of Authorization: ____ / ____ / ____

Card Authorization for Recurring Payments (Third-Party Payer)

Cardholder Information

Name on Card: _____

Billing Address: _____

City: _____ State: ____ ZIP: _____

Phone Number: _____

Email: _____

Card Details

☐ Visa ☐ MasterCard ☐ AmEx ☐ Other: _____

Full Card Number: _____

Expiration Date: ____ / ____
CVV: _____

Authorized Payment Plan Summary

☐ I authorize **Truck Driver Nation** to charge this card as follows:

- **Four (4) payments of \$99.00 each**
- **One (1) final payment of \$55.00**
- **Each transaction will include a \$50.00 processing fee**
(Total per \$99 payment = \$149.00; Final = \$105.00)

Schedule Payments are Every 30 Days from Initial Payment:

1. \$149.00
2. \$149.00
3. \$149.00
4. \$149.00
5. \$105.00

Total Authorized Amount: \$701.00

4. Authorization

By signing below, I, the cardholder, authorize Truck Driver Nation to charge the card listed above for the purpose of paying for the program enrollment of the client named above.

- ☐ I confirm that I am the authorized user of this card.
- ☐ I understand all payments are **non-refundable**.
- ☐ I have attached a clear photo of my **government-issued ID** front and back (e.g., driver's license, passport, etc.).
-

5. Ongoing Payment Plans Authorization (Required)

Is this card intended to remain on file for future scheduled payments?

- ☐ **Yes** – This card will remain on file for recurring or future payments.
- ☐ **No** – This is a one-time authorization only.

If "No" is selected, the client will need to provide an alternative payment method to meet Truck Driver Nation's Pay-As-You-Go Financial Assistance Policy.

Cardholder Information – Alternative Form of Payment

Name on Card: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email: _____

Card Details

☐ Visa ☐ MasterCard ☐ AmEx ☐ Other: _____

Full Card Number: _____

Expiration Date: ____ / ____

CVV: _____

Authorized Payment Plan Summary

☐ *I authorize Truck Driver Nation to charge the above card as a backup payment method if my primary was intended for a one-time payment only.*

6. Signature

Certification and Authorization:

By typing my full legal name below, I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that typing my name constitutes my electronic signature and is legally binding.

Cardholder Signature: _____

Date: _____

Client Signature (if different): _____

Date: _____

📎 Attach a Copy of Valid Photo ID

To verify the cardholder's identity, you **must include a clear copy of a valid government-issued photo ID** (e.g., Driver's License, Passport).

You can submit your ID using one of the **approved submission methods** listed in the **Pay-As-You-Go Information PDF**.

If you're unsure where to find it, look for the section titled **"Accepted Methods for Document Submission"** in that file.

Submission Instructions:

After completing this application and typing your name as your electronic signature, please:

1. **Save** a copy of the completed form to your computer, tablet, or phone.
2. **Email** the saved application as an attachment to:
Support@TruckDriverNation.com
3. **Call Truck Driver Nation** at (210) 343-1118

Thank you for applying with Truck Driver Nation!

Truck Driver Nation – Third-Party Card Authorization Form