



Dispatcher: Eboni R.
Phone: (817)730-6579
Email: info@showtimedispatching

CREDIT CARD PAYMENT AUTHORIZATION FORM

I _____, hereinafter called CARRIER do hereby authorize **Showtime Trucking Routes Dispatching**, hereinafter called DISPATCH, to initiate a debit entry for the amount due on each invoice for services rendered per signed agreement, to the credit card account indicated below, in consideration of the dispatching service provided to me. I understand that my signature on this authorization form, along with a photocopy of the front and the back of my driver license, will allow me the convenience of not having to produce these items for impression at the time of service.

Name on the Card: _____

Please Circle One: VISA MC DISC AMEX

Credit Card Number: _____

Expiration Date: ____/____/____ CVN: _____ ZIP: _____

Authorized Payment Amount: _____

Loads Starting on ____/____/20____

This authorization is to remain in full force and effect until the ending date listed above. I understand that I will be notified via email when dispatch debits my account each week. I understand that if the load is tendered and accepted by me, but for any reason, rather due to carrier, shipper, or broker, the load gets reschedule or cancelled,

I understand I am still responsible for paying dispatch as set out above unless agreement is made with **Showtime Trucking Routes Dispatching Services**. Any revocation shall not be effective until dispatch is notified by carrier in writing to cancel this automatic payment authorization, in such time and in such a manner as to afford dispatch a reasonable opportunity to act on it.

Card Holders' Signature Authorization Date _____
Card Holders' E-Mail _____