

USDOT #: 2871537		<b>Matig Trucking LLC</b> phone: 201-281-0016 <b>CONFIDENTIAL - Credit Card Authorization</b>				Truck #:		
MC #: 962930						Job #:		
<b>Card Information</b>								
Credit Card Number:								
Credit Card Type:	<input type="checkbox"/>	Discover	<input type="checkbox"/>	American Express	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	Visa
Expiration Date	MM	YY	CVV Code:	Tip:	Total Amount to Charge: \$			
<p>I, _____ hereby authorize my credit card, numbers noted above to be charged the full amount also specified on this form. I understand and agree that if this payment is made towards the deposit to reserve the move for the shipper whose information is also listed herein, this move is subject to a cancellation procedure and that failure to follow the cancellation policy will result in the forfeiture of the entire amount of this deposit payment. I understand that any cancellation request for this move must be provided to the carrier in writing via matigtrucking@gmail.com a minimum of <b>72</b> hours prior to the scheduled move date. Further, I understand and agree that if the cancellation occurs at the pickup location, I will be responsible for paying the hourly rate for each of the movers present in addition to the rate for the van and that any funds remaining will be credited back to the credit card noted above.</p> <p>I understand and agree that if this payment is made for a pickup or delivery payment for the move reserved under the shipper name above, I agree that I will not file a credit card dispute for any reason including but not limited to, price disputes, claims of loss or damage, etc. I understand and agree that I will adhere to the company's claims policy as specified in section 8 of the Bill of Lading governing this move to resolve any and all disputes of any nature. My signature below signifies my complete understanding and full agreement with all of the terms specified herein.</p>								
<b>Cardholder's Information</b>								
Cardholder Name				Relationship to Shipper:				
Billing Address			Apt. No.	Phone		Phone		
City	State	Zip	DL#:	Issuing State:				
<b>Shipper's Information</b>								
Shipper Name				Consignee Name				
Address			Apt. No.	Address		Apt. No.		
City	State	Zip	City	State	Zip			
<b>Authorization Signature</b>								
Print Cardholder's Full Name:				Cardholder Signature			Date	

Matig Trucking LLC