I ( regularly scheduled charge	) authorize m	ny card (Visa, Mastercard, Discover or American Express) to be charged for this form.
Future charges may be can	celled or paused a	at any time by contacting RightonQlogistics@gmail.com
Please complete the infor	mation below:	
I(full name)	author	orize Right on Q Logistics LLC to charge my credit card indicated below
Monthly	Quarterly	"As Needed"
for all open invoices, billin	g or payment plan	ans and balances due.
Billing Address		Phone#
City, State, Zip		Email
TYPE OF CARD:		Master Card  Maste
CARDHOLDER NAME	E	
	NG ADDRESS _	
		CVV2/CVC CODE (3 DIGITS ON BACK OF CARD):
SIGNATURE		DATE

**Recurring Payment Authorization:** 

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. 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; provided the transactions correspond to the terms indicated at <a href="https://www.rightonqlogisticsllc.godaddysites.com">www.rightonqlogisticsllc.godaddysites.com</a>