



Independent Dispatcher: Shaterra Byrd  
Phone number: 929.352.3265  
Email address: [sales@diligentdispatching.com](mailto:sales@diligentdispatching.com)  
Website: [diligentdispatching.com](http://diligentdispatching.com)  
Facebook: SKBDiligentDispatching

### **CREDIT CARD PAYMENT AUTHORIZATION FORM**

I \_\_\_\_\_, hereby authorize **SKB VISION LLC DBA SKBDiligentDispatcher**, hereinafter called DISPATCH, to initiate a debit entry for the amount due on each invoice for services delivered per signed Dispatch/Carrier agreement, to the credit card account indicated below, in consideration of the dispatching service provided to me. (Alternate payment methods are mentioned below) I understand that my signature on this authorization form, along with a photocopy of the front and the back of my credit card, as well as my driver license, will allow me the convenience of not having to produce these items for impression at the time of service. This authorization is to remain in full force and effect until the ending date that is listed below. I understand that I will be sent an invoice with the payment that is owned to the Dispatcher. The CARRIER then has a chose to send the payment to the Dispatcher's PayPal, CashApp, or ZELLE. Failure to pay the DISPATCHER within 2-3 days after the load is booked, the DISPATCHER will debit my account and a confirmation will be sent via email. I understand that if the load is accepted by me, but for any reason, whether it is due to carrier, shipper, or broker, the load gets reschedule or cancelled, I am still responsible for paying the DISPATCHER as set out above unless agreement is made with **SKB VISION LLC DBA SKBDiligentDispatcher**. Any cancellation shall not be effective until DISPATCH is notified by CARRIER in writing to cancel this automatic payment authorization within 48 hours before the load is started.

Name on the Card: \_\_\_\_\_

Type of card(ex. Visa)\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVN: \_\_\_\_\_ ZIP: \_\_\_\_\_

Authorized Payment Amount: \_\_\_\_\_ Loads Starting on \_\_\_\_/\_\_\_\_/\_\_\_\_ 20\_\_\_\_

Signature of Card Holder\_\_\_\_\_

Card Holder's Authorization Date \_\_\_\_\_