BECKER TRUCKING   CREDIT CARD AUTHORIZATION FORM

COMPANY INFORMATION

Company Name:	
Contact Name:	Phone:
Fax:	Email:

BILLING INFORMATION

Card Holder Name:	
Billing Address:	
Billing City, State, Zip:	
Credit Card Type: ☐ Visa ☐ Mastercard	
Credit Card Number:	
Expiration Date:	Security Code:
CHARGE AMOUNT: $	

PLEASE SELECT PAYMENT OCCURANCE

☐ **ONE TIME USE** I hereby authorize Becker Trucking to charge the indicated credit card for the amount indicated above. This is a onetime charge authorization. I am not authorizing Becker Trucking to setup my account within a recurring billing system. Rather, I prefer to establish a terms account for all future invoices. I understand that if I want Becker Trucking to charge any balance in the future, I will need to submit another authorization form at that time or choose the selection below.

☐ **RECURRING BILLING** I hereby authorize Becker Trucking to charge the indicated credit card for all shipments booked either prior to tender or within 48 hours of delivery unless a credit card payment plan has been arranged in writing. The recurring payment authorization shall remain in force until cancelled by me in writing.

AGREEMENT

1. We reserve the right to run additional charges for re-weighs, re-classification or any special delivery requests with proper backup or proof.
2. **The filing of a cargo or other claim with the carrier will not relieve above named company from responsibility for payment of freight charges.**
3. I will not dispute one time or recurring charges with my credit card issuer so long as the amount in question was for services rendered.
4. If legal action is required, it is agreed that such action will take place in King County and that the above named company will be responsible for all court costs and legal expenses including reasonable attorney fees.

SIGNATURES

I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with Becker Trucking.

Signature of Card Holder (REQUIRED):
Date of Authorization: