



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Name on Card: _____

Billing Address: _____

Name on Invoice: _____

Chisel Logistics LLC Invoice/Load Numbers(s): _____

Actual Load amount \$ _____ (USD)

Amount to be Charged (**including 2.5% fee**): \$ _____ (USD)

Credit Card Type: Visa MasterCard Discover AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize **Chisel Logistics LLC** to charge the amount listed above to the credit card provided herein. I agree to pay for this in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following: Razor Lamington - Accounting@chisellogistics.com