

Credit Card Authorization Form – Mandatory for Every Transaction

For Use with American Logistics Authority (ALA) – Credit Card Payments Only

IMPORTANT: This form **must be completed for every new credit card transaction**. It is your responsibility to ensure this form is submitted **before any payment is processed**. Failure to complete this form will be considered a fraudulent attempt to bypass payment procedures.

Submission Instructions: Once completed, this form **must be sent to ALA Support at Support@AmericanLogisticsAuthority.com**. Payment will not be processed until ALA receives the completed form.

Cardholder Information

- **Full Name:** _____
- **Billing Address:** _____
- **Email:** _____

Transaction Details

- **Purpose of Payment / Course Description:** _____
- **Amount to be Charged:** \$ _____
- **Transaction Date:** _____

Authorization & Agreement

By signing below, I acknowledge and agree to the following:

1. **Authorization to Charge:** I authorize **American Logistics Authority (ALA)** to charge my credit card or other approved payment method for the amount listed above for the specified course or service.
2. **Non-Refundable Payment:** I understand that once payment is processed, it is **non-refundable**. I waive any right to dispute or initiate a chargeback with my bank or credit card company regarding this transaction.
3. **Mandatory Authorization for Every Transaction:** I understand that this form must be completed for **every new transaction**, regardless of previous payments. It is my

responsibility to ensure this form is submitted before payment. Failure to do so will be treated as fraud.

4. **Acknowledgment of Services:** I confirm that I am paying for the educational services or course described above and have reviewed all related terms and conditions.
5. **Indemnification:** I agree to hold ALA harmless from any claims, losses, or fees arising from attempts to dispute this payment after submission.

Card Information (Last 4 digits only for record-keeping)

- **Card Number:** _____
- **Expiration Date:** _____

Cardholder Signature: _____

Date: _____

Submit Completed Form To: Support@AmericanLogisticsAuthority.com