PAYMENT & CREDIT CARD AUTHORIZATION FORM

Questions? Contact Maria. This authorization supports the **FLAT 5% DISPATCH FEE** as outlined in the Dispatch Service Agreement (Exhibit B).

Circle 7 Dispatch Service LLC requires a valid payment method on file to ensure uninterrupted dispatch services.

1. AUTHORIZATION

I, _____ (Cardholder Name), hereby authorize **Circle 7 Dispatch Service LLC** to charge the credit/debit card or bank account indicated below for services rendered as outlined in the Dispatch Service Agreement (Exhibit B), including the **flat 5% dispatch fee**.

Charge Frequency: [ ] Weekly [ ] Per Load [ ] Other: _____

2. PAYMENT INFORMATION

Card Type: [ ] Visa [ ] Mastercard [ ] AMEX [ ] Discover [ ] Other: _____
Cardholder Name (as it appears on card): _____
Card Number (Last 4 Digits Only): **** **** **** _____
Expiration Date: ____ / ____ **CVV/CVC Code:** _____
Billing Zip Code: _____

3. TERMS & CONDITIONS

- **Administrative Fees:** I understand that a processing fee (e.g., 3%) may apply to credit card transactions.
- **Recurring Charges:** I authorize recurring charges to the card/account listed above for all earned dispatch fees.
- **Dispute Policy:** Any disputes regarding charges must be submitted in writing to Circle 7 Dispatch Service LLC within seven (7) business days of the transaction date.

- **Termination:** This authorization remains in effect until revoked. Either party may end this authorization at any time by providing written notice, and Circle 7 Dispatch Service LLC must receive notice of revocation at least five (5) business days before the next scheduled charge.

4. SIGNATURE

I certify that I am an authorized signer on the account listed above and that the information provided is accurate.

SIGNATURE: _____ DATE: _____
COMPANY NAME: _____