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Credit Card Payment Authorization Form

Credit Card Type: Visa / MC / Discover / American Express _____

Name on Credit Card: _____

Company Name (if company card): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Credit Card Number: _____

Credit Card Expiration Date: _____ / _____ CVV2 Code: _____ (3 digits on back) (AMEX 4 on front)

Invoice Numbers to be Paid _____

Total Invoice(s) Amount (USD) _____ 3% Credit Card Processing Fee _____

Total Amount to be Paid by Credit Card (USD) _____

User Authorization

I, _____ certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I agree to pay in full & do hereby authorize Freight Pro Logistics, Inc. to collect payments for all charges for services billed to my account using the credit card listed in this Authorization Form. Any delays or additional charges resulting from the credit card being denied will be the responsibility of the credit card holder and not the responsibility Freight Pro Logistics, Inc.

Printed Name _____ Signature _____ Date _____