



**Fastline Logistics LLC.
P.O. Box 266
Centerton, AR 72719
Phone: 1-800-540-6100 Fax: 1-479-224-4620**

Credit Card Payment Authorization Form

By completing this form, the undersigned acknowledges and authorizes ***Fastline Logistics LLC.*** to obtain credit card payment for receivables owed for transportation charges in which services have been requested or completed.

This Authorization will remain in effect for all future shipments and resulting invoices due to Fastline Logistics and is non revocable for services and resulting charges in progress or previously completed.

Fastline Logistics credit terms are DUE UPON RECEIPT, past due on day 15. The credit card on file will be charged 15 days after invoice date for all outstanding invoices billed to the customer on credit terms. All other shipments and resulting invoices will be charged according to this Authorization prior to final delivery. There will be a processing fee 3.5% on all credit card transactions.

Credit Cards accepted at this time are Visa, MasterCard, and American Express only. This form must be filled out in its entirety.

Thank you for using ***Fastline Logistics LLC.*** for all your transportation needs.

CREDIT CARD NUMBER:

AUTHORIZATION/PIN NUMBER:

EXPIRATION DATE:

NAME ON CARD:

NAME OF COMPANY:

BILLING ADDRESS:

CITY, STATE, ZIP:

I certify that I am authorized to use the above referenced credit card:

SIGNATURE: _____

DATE: ____/____/____

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