



PO Box 398
 North Little Rock, AR 72115
 Phone 501-371-9814
 Fax 501-374-5960

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Priority 1 to charge my stated credit card / debit card for the stated order number and amount.

ORDER DETAILS:

Quote #: _____ Quote amount: US\$ _____

BILL TO: Cardholder's name: _____

*******Credit card payments are subject to a 2.5% convenience surcharge, which is not greater than Priority 1's cost of acceptance.** Quote amount is based upon information provided by customer and specified in quote number above. Customer agrees to terms in quote# above, and authorizes Priority 1 to charge credit card below to cover any additional charges incurred by 3rd party as a result of information provided by customer deemed to be inaccurate.

Type of card: MASTERCARD VISA DISCOVER AMEX

Card number: _____

Expiration date (Month / Year): _____ Card verification/Security code: _____

Billing address of card: (where you receive your card statements or bills every month):

Street: _____

City: _____ State/Zip/Country: _____

Phone number: _____ Email address: _____

I certify that I am an authorized holder and signer of the card referenced above. I agree that I will not dispute the above credit charge / debit charge through my credit card / debit card issuer or provider, so long as the transaction corresponds to the terms indicated on this form. I acknowledge the Priority1 Terms and Conditions as stated on their website: <http://priority1inc.com/terms-and-conditions/> I further understand that I cannot dispute this charge as a result of a freight claim for any reason. Any freight claim for damage, shortage or service failure must result in a freight claim with carrier, and refunds will be processed from the payout of the freight claim.

Cardholder's signature: _____ Date: _____

For Internal Use (if more than one invoice/BOL, use supplemental page):	
Customer Acct# _____	Customer Acct Name: _____
BOL/Invoice # _____	Pmt #(if refund) _____