

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

PREPAY CREDIT CARD AUTHORIZATION FORM

I hereby authorize Priority 1 to charge my stated credit card / debit card for each shipment made on my behalf by Priority 1 on the morning following the shipment booking date.

BILL TO:	Cardholder's name:				
Priority 1's co quote number a below to cover	card payments are subject ist of acceptance. Quote amo above. Customer agrees to ter any additional charges incurred it. If the credit card is declined	ount is based upon ms in quote# aboo I by 3 rd party as a r	information provided by ve, and authorizes Priorit esult of information prov	customer and specified in tv 1 to charge credit card	
Type of card:	MASTERCARD	VISA	DISCOVER	AMEX	
Card number:					
Expiration date (Month / Year): Card verification/Security code:				ode:	
Billing address	s of card: (where you receiv	ve your card state	ements or bills every n	nonth):	
Street	::			_	
City:		State/Zip/Country:			
Phone number:		Email address:			
that I will no card issuer of this form. I claim for any in a freight of claim. I ack	t I am an authorized hoot dispute the above creo or provider, so long as a further understand that y reason. Any freight cla claim with carrier, and re knowledge the Priority1 ity1inc.com/terms-and-c	lit charge / deb the transaction t I cannot disp aim for damage efunds will be p . Terms and C	it charge through m corresponds to the ute this charge as , shortage or servic processed from the p	ny credit card / debit terms indicated on a result of a freight e failure must result payout of the freight	
Cardholder's signature:			Date:		
For Inter	nal Use (if more than o	one invoice/BOI	., use supplemental	page):	
Customer Ac	ct#	Customer /	Customer Acct Name:		
BOL/Invoice # Pmt #(if refund)					