



Credit Card Authorization Form

Business Name:

Business Address:

Business Phone:

Business Fax:

Business Email:

Payment Information:

Name on Card:

Billing Address:

Type of Card:

Visa

MasterCard

American Express

Discover

Card Number:

Expiration Date:

Security Code:

Payment Options (Check All That Apply):

I hereby authorize CS Logistics to charge the balance currently due on my account.

I hereby authorize CS Logistics to charge all new invoices automatically to my credit card.

Charge Policy (Check All to Proceed):

Being the authorized cardholder, by typing my name below, I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided.

I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

I furthermore confirm that I have received all services and goods to satisfactory conditions.

I understand and authorize that my card will be charged for any balance due over 90 days (plus applicable late fees).

I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing along with all order documentation in accordance with standard policy of company issuing credit card.

Name:

Date: