



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://www.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)