

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 a	ard payments are subject to st of acceptance. Quote amo above. Customer agrees to ter any additional charges incurred e. If the credit card is declined,	unt is based upon ms in quote# abo by 3 rd party as a	information provided by ve, and authorizes Priorit result of information prov	customer and specified in ty 1 to charge credit card	
Type of card:	MASTERCARD	VISA	DISCOVER	AMEX	
Card number:					
Expiration dat	e (Month / Year):	Card	Card verification/Security code:		
Billing address	s of card: (where you receiv	e 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 a	t I am an authorized ho of dispute the above cred or provider, so long as t further understand that y reason. Any freight cla claim with carrier, and re cknowledge the Prior o://www.priority1inc.com	it charge / deb the transaction I cannot disp tim for damage funds will be p ity1 Terms	oit charge through me corresponds to the ute this charge as a service or service or cessed from the pand Conditions as	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 Interi	nal Use (if more than o	one invoice/BO	_, use supplemental	page):	
Customer Acct#		Customer Acct Name:			
BOL/Invoice	#	Pmt #(if refund)			