

CREDIT CARD AUTHORIZATION FORM:

Please print out and complete this authorization form and return to us. All information will remain confidential.

Company Name: _____

Cardholder Name: _____

Email Address: _____

Billing Address: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (3 digits on the back of the credit card): _____

Amount to Charge: _____

Invoice / Load #: _____

I authorize C.L. Services, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signed: _____

Dated: _____

Name: _____

Once signed and completed, please return form to:

SLewis@clservicesinc.com

EBuckler@clservicesinc.com

Credit Card payments are subject to a 3% processing fee, which is not included in the quoted rate. If you have any questions or concerns please reach out to Evan Buckler at ebuckler@clservicesinc.com or 404-665-4284.