

CREDIT CARD PAYMENT AUTHORIZATION

(MUST MATCH STATEMENT BILLING ADDRESS)



Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____ EIN _____

Name on card _____

Issuing Bank _____ 800# on back _____

____ Visa ____ Mastercard ____ American Express ____ Discover

Card number _____

Exp. _____ CCV code on back _____

PRO/Reference number _____

Total charge \$ _____, or "hold" \$ _____

I understand and agree to the following Round Hill Logistics's ("RHL") terms:

- ★ I will abide by the card issuer's terms of use.
- ★ I agree to the pay RHL the full amount of total charge or the full amount of final charge after hold.
- ★ If legal actions are required, we will reimburse RHL for it's attorney fees.

I am an authorized representative of the company and have authority to execute this payment.

(Signature)

(Date)

(Print Name)

FAX BACK TO 203-548-9026

Round Hill Logistics, LLC 877-709-6757