



CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION					
*NAME ON CREDIT CARD					
*TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
*TYPE OF ACCOUNT	PERSONAL			BUSINESS	
*COMPANY NAME					

*ACCOUNT NUMBER						*3-4 digit Code on back
*EXPIRATION DATE						
*BILLING ADDRESS						
*CITY		*STATE		*ZIP CODE		
*PHONE		*EMAIL		*FAX		

AUTHORIZED USER OF CREDIT CARD	
NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	
IDENTIFICATION	
RELATION TO OWNER	
TYPE OF CHARGES	
AUTHORIZED AMOUNT	
DATES OF CHARGES	

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p>

*CARDHOLDER NAME			
*SIGNATURE		*DATE	

* Required Email to: <mailto:accounting@pgllogistics.com> or FAX to: 858-748-3236