



CREDIT CARD AUTHORIZATION FORM

All ProCourier clients must complete and sign this form as a confirmation, agreement and compliance to the terms listed below.

To: ProCourier From: _____ (Company Name) Customer #: _____

Case Name: _____ Date: _____ File#: _____ Invoice #: _____

American Express: [] MasterCard: [] Visa: [] Card #: _____ Exp. Date: _____ CC Billing Zip Code: _____ Security Code: _____ Card Information: _____ (Firm/Customer Name) Cardholder Signature: _____ (Please print name)

I certify that I am the holder of the described credit card, or I have been authorized by the holder to use the above described credit card for services provided by PRO-COURIER, INC. I hereby authorize ProCourier to charge the above referenced credit card as payment for all services provided. I UNDERSTAND THE CHARGE FOR SERVICES PROVIDED IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE. I wave my right of refund and/or to dispute the charge. Charge credit card for the sum of \$ _____ Authorized Signature: _____ Date: _____ Account Payable Contact: _____ Phone Number: _____

PROCOURIER SHALL NOT BE LIABLE FOR MORE THAN TWO HUNDRED FIFTY DOLLARS (\$250) PER ASSIGNMENT

Please fax the completed form to (213) 481- 8299 or Email to Accounting@ProCourier.com We appreciate your business.