

# CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:			
Company Name:			
Person Authorizing:			
Credit Card Type:	<b>Visa</b> <input type="checkbox"/>	<b>MasterCard</b> <input type="checkbox"/>	<b>American Express</b> <input type="checkbox"/>
Name as it appears on Card:			
Card Number:			
Enter CVC Code:	Last 3 digits on the back or 4 on the front of AMEX		
Expiration Date:			
Credit Card Billing Address:			
City:			
State:			
Zip Code:			
Country:			
Phone Number:			
Fax Number:			
E-Mail Address:			
Please select one of the Following Payment Options:			
Once	Bill my credit card once for the following amount:		
	Please apply this payment to the following invoice #		
Monthly	Bill my credit card each billing period for the invoiced amount for all contracts with J&S		
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at J&amp;S Courier, LLC's discretion if any charges are declined or charged backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to 919-231-2223.</p> <p style="text-align: center;">Changes in the status of this card can also be reported to <a href="mailto:brandy@js-courier.com">brandy@js-courier.com</a>.</p>			

**The undersigned is the duly authorized representative of the company above.**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_