

Credit Card Authorization

The information entered will be exclusively used only for services rendered with R&J, afterwards destroyed.

(please print)

Card Type _____

Card Number _____

Expiration Date _____

Three Digit Card Code _____

>Name and Billing Address for Card<

I hereunder authorize R&J Logistical Division Inc. to charge this card for services rendered.

Printed Name of Representative

Signature of Representative

Phone Number

Email

Please email or fax back to; info@rjtransdiv.com fax 817-441-1014

