

MFS FREIGHT SERVICE, LLC
CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing information:		
(YOUR COMPANY NAME) / Name:		
Person Authorizing:		
Credit Card Type:	Visa [] MasterCard []	
Issuing Bank:		
Credit Card Number:		
Enter CVC Number:	Last 3 digits from the back of card or 4 digits from face of card	
Expiration Date:		
Billing Address:		
City:		
State/Province:		
Zip/Postal Code:		
Country:		
Phone Number:		
Fax Number:		
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 insertion Order/Invoice#	
Monthly	Bill my credit card once per month for the amount of service provided each month for all contracts with (YOUR COMPANY NAME)	
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at (Your Company Name) _____'s discretion if any charges are declined or charge backs are claimed against any outstanding Invoiced amount. Disputes to amounts Invoiced should immediately be reported to accounting@mfs-hawaii.com</p> <p>Applicant agrees that there will be a service fee of 3.0% of the total charge.</p> <p>Changes in the status of this card can also be reported to accounting@mfs-hawaii.com</p>		

The undersigned is the duly authorized representative of the (YOUR COMPANY NAME)

_____ above.

Authorized Signature: _____ Date: _____