



CREDIT CARD AUTHORIZATION FORM

Please complete, sign and return this Authorization Form to Prime Logistics via email or fax. Attach copy of the credit card (both sides) and copy of a valid ID.

CARDHOLDER NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____

FAX: () _____ EMAIL ADDRESS: _____

INVOICE/STATEMENT OR REFERENCE NUMBER:

I am a client of Prime Logistics , Inc., hereby called FORWARDER. I authorize the FORWARDER to use my credit card to pay for above mentioned request and to charge such transaction to the following credit card:

CREDIT CARD:  _____  _____  _____  _____

CREDIT CARD NUMBER: _____

SECURITY CODE: _____ EXPIRATION DATE: _____

COMPANY NAME: _____

AUTHORIZED AMOUNT: \$ _____ (US Dollars)

I agree to pay for all such services with my credit card in accordance with the cardholder agreement. All such services are subject to the terms and conditions of FORWARDER and related supplier(s). By signing below I acknowledge above mentioned transaction and agree to their terms.

CARDHOLDER SIGNATURE: _____ DATE: _____

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