PAYMENT/AUTHORIZATION FOR CREDIT CARD TRANSACTIONS

(Accept Only Visa or Mastercard)

Send to Kevin@VieLogistics.com

CIRCLE ONE: VISA MASTERCARD

CREDIT CARD NUMBER _____

EXPIRATION DATE _____/_____/_____ CREDIT CARD CODE _____

COMPANY NAME _____

FIRST NAME _____ LAST NAME _____

BILLING ADDRESS FOR CREDIT CARD:

ADDRESS _____

CITY_____ STATE _____ ZIP _____

TOTAL TRANSACTION AMOUNT $_____

INVOICE # _____

DESCRIPTION OF SERVICES _____

OTHER _____

AUTHORIZED SIGNATURE _____ DATE _____/_____/_____

PRINT NAME _____ PHONE (_____) _____ - _____

By signing and providing a date on this document, you authorize Vie Logistics, Inc to process this full amount immediately upon receipt.

APPROVAL OF FUTURE CHARGES

☐ Check this box if you authorize charges to be applied to the above noted credit card upon their due date for future invoices and services.

SIGN _____ PRINT _____ DATE ____/___/____