



Credit Card Payment Authorization Form (Single Transaction)

Sign and complete this form to authorize JAG Logistics LLC, to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize JAG Logistics LLC, to charge my
Full Name)

Personal Business credit card account (Check one)

Indicated below for \$ _____ on _____
(Invoice Amount USD) (Date)

Administration fee: \$ _____
(A 3 % surcharge will be added to cover the cost of credit card processing.)

Total Credit Card Charges: \$ _____

This payment is for _____
(Description of goods/Services)

Company Name: _____

B/L # _____

Billing Address _____

City, State, Zip _____

Phone # _____

Email _____

Account Type: VISA Mastercard Discover AMEX (Check one)

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV Number _____ (3 digit # on signature line, AMEX: Pin # on front of card)

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

JAG ACCOUNTING DEPARTMENT USE ONLY: _____ Authorizing Transaction Number

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