



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Cardholder Name: _____

Billing Street Address: _____

State: _____ Zip Code: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ American Express

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Charge Amount: \$ _____ (USD)

I authorize _____ to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form to:

ap@rfclogistics.com or fax to (305) 330 5010

*** Important Note: 3 % of the total amount will be added as administration Fee.**