



CREDIT CARD AUTHORIZATION FORM - MULTI USE

REMIT TO:
E-mail: credit@approvedforwarders.com
Fax: (858) 514-8999

For all future shipments, I _____ authorize Approved Freight

Forwarders to charge my credit card. I authorize my personal signature to be held on record for this

continued use.

Check One

MasterCard

Visa

Should I wish to discontinue automatic authorization, I hereby agree to give such notice to Approved Freight Forwarders IN WRITING.

CREDIT CARD NUMBER SEC CODE EXPIRATION DATE

<p>CREDIT CARD BILLING ADDRESS</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>TELEPHONE NUMBER</p> <p>() _____</p>

I understand that Title 49 of the US Code dictates that motor carriers must collect all transportation charges in accordance with their published tariffs. Under federal law, the obligation to collect transportation charges is separate and distinct from the claims handling procedure.

CUSTOMER SIGNATURE

DATE

▶ **GUAM OFFICE**
P.O. Box 12788
Tamuning, GU 96931

▶ **HAWAII OFFICE**
3005 Ualena Street
Honolulu, HI 96819

▶ **LOS ANGELES OFFICE**
14777 Don Julian Rd
City of Industry, CA 91746