



Credit Card Authorization Form

Remit to:
14777 Don Julian Rd.
City of Industry, CA 91746
Ph: (626) 723-0722
Fax: (858) 634-4688

For all future shipments, I authorize Approved Freight Forwarders to charge my credit card. I authorize my personal signature to be held on file for this continued use.

CREDIT CARD NUMBER

CHECK ONE ☐ VISA ☐ MASTERCARD ☐ AMX

EXPIRATION DATE SEC CODE

BILLING ADDRESS

PHONE NUMBER

Should I wish to discontinue automatic authorization, I hereby agree to give such notice in writing.

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.

SIGNATURE _____ DATE

REFERENCE/INVOICE NUMBER

Los Angeles Office
14777 Don Julian Rd.
City of Industry, CA 91746

Hawaii Office
3017 Ualena St.
Honolulu, HI 96819

Guam Office
165 I Guerrero St. Ste100,
Tamuning, GU 96913