



Credit Card Authorization Form

Remit to:
14777 Don Julian Rd.
City of Industry, CA 91746
Ph: (858) 514-8999
Fax: (858) 634-4688

I, authorize payment of freight charges in the amount of \$ to be charged to the credit card below.

CREDIT CARD NUMBER

CHECK ONE ☐ VISA ☐ MASTERCARD ☐ AMX

EXPIRATION DATE SEC CODE

BILLING ADDRESS

PHONE NUMBER

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