



**TRANSPORT**

TRANSPORTATION | WAREHOUSING | ORDER FULFILLMENT

PO Box 852 | Oakwood, Ga 30566 | 770.967.2535

**RECURRING CREDIT CARD AUTHORIZATION FORM**

Type of card: MASTERCARD      VISA      DISCOVER      AMEX

BILL TO: Cardholder's name: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date (Month / Year): \_\_\_\_\_ Card verification/Security code: \_\_\_\_\_

Billing address of card:

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**\*Boost Transport, LLC had the right to refuse service if the Credit Card is declined. This form will be stored and kept confidential within our accounting department.**

**I certify that I am an authorized holder and signer of the card referenced above. I agree that I will not dispute the above credit charge / debit charge through my credit card / debit card issuer or provider, so long as the transaction corresponds to the invoices and terms provided by Boost Transport, LLC. I agree that this is a periodic charge that will be made, and to terminate the recurring billing process, I must either cancel my account or arrange for an alternative method of payment. I understand that all account cancellations must be made in writing according to the requirements of Boost Transport, LLC. This form will be kept on file for one (1) year and will have to be completed again after this time.**

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use**

Customer Acct# \_\_\_\_\_ Customer Acct Name: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Question or concerns, please contact our Accounting Department at [accounting@boosttransport.net](mailto:accounting@boosttransport.net) or call 678-997-2535 ext 1006.**