



CREDIT CARD AUTHORIZATION FORM

I _____ Authorize Cargo Logistics International, LLC to charge my credit card
(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown.

REFERENCE _____

AMOUNT \$ _____ USD.

ATTACH RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

Cargo Logistics Intl, LLC
8761 Dorchester Rd Suite 205
North Charleston, SC 29420
(843) 377-2556
(843) 377-2559 fax

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

