

Credit Card Payment Authorization Form

I _____ hereinafter called CARRIER do hereby authorize BLUF Logistics Group LLC, hereinafter called DISPATCH, to process weekly charges to my credit card/debit card indicated below, for the amount listed below, on the dates listed below. I understand that I will be charged each billing period of the total amount due for that period.

Name on the Card: _____

Please Choose One: VISA MasterCard AMEX Discover

Credit Card Number: _____

Expiration Date: _____/_____/_____ CVV: _____ Zip: _____

Authorized payment amount:

Starting on _____/_____/20_____ Ending on _____/_____/20_____

This authorization is to remain in full force and effect until the ending date listed above. I understand that I will be notified via email when DISPATCH debits my account. I understand that if the load is tendered and accepted by me, but for any reason, whether due to carrier, shipper, or broker, the load gets rescheduled or cancelled, I am still responsible for paying DISPATCH as set out above. Any revocation shall not be effective until DISPATCH is notified by CARRIER in writing to cancel this automatic payment authorization, in such time and in such manner as to afford DISPATCH a reason opportunity to act on it.

Card Holder's Signature

_____/_____/20_____
Authorization Date

Card Holder's Email