

CREDIT CARD AUTHORIZATION FORM

We would request you to send this filled form only to info@alg.us.com to maintain the confidentiality of your card details.

Visa ☐ MasterCard ☐ Discover ☐ AMEX ☐

Cardholder Name: _____ Company: _____

Credit Card Number: _____

Amount: _____

Expiration Date: _____

Security Code _____

Billing Address: _____

(Address where monthly credit card statements are received)

Phone Number: _____

(Associated with credit card)

E-Mail _____

Hauling Load From _____ (Pick up City, State) to _____ (drop off city , state)

The person signing below is a corporate officer of the Company with authority to sign this Authorization allowing American Logistics Group, Inc. ("ALG") to charge the credit card for the charges listed above, and also agrees to the following on behalf of the Company: (1) in the event this credit card becomes invalid, I will provide a new, valid credit card , with a new, signed Authorization, to be charged for any outstanding balances owed; (2) neither I nor Company will instruct the credit card company to deny any charges for services performed by ALG; (3) Company agrees that all Services provided by ALG to Company are governed by ALG's Terms and Conditions of Service, which are available on ALG's website <https://alg.us.com/terms-conditions/>

Signature: _____ SSN: _____

Printed Name: _____ Position _____

Date: _____

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Please Imprint Card

(Place your card under the paper and using a pencil shade in the area to imprint. Everything must be very clear. Photo copies are not acceptable.)

Use Imprint Card Here (Photocopy not acceptable)	EXPIRATION	QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
	<input checked="" type="checkbox"/> DATE					
	CHECKED					
	DATE	AUTHORIZATION			SUB	
	REFERENCE NO.	REG./DEPT.			TOTAL	
	FOLIO/CHECK NO.	SERVER	CLERK	TIPS		
				MISC.		
SALES SLIP					TOTAL	
PURCHASER SIGN HERE						

MERCHANT COPY