

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Polaris Logistics Group, Inc.** to make a one time debit to your credit card listed below.

Please complete the information below:

_____ authorizes **Polaris Logistics Group, Inc.** to charge my credit card
(company name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services; Invoice #s)
Attach separate sheet if necessary

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Type:	<input type="checkbox"/> Debit	<input type="checkbox"/> Credit		
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
Security Code	_____			

SIGNATURE _____ DATE _____

- By signing, you are authorizing Polaris Logistics Group, Inc. to charge the credit card for all expenses related to this invoice, including a processing fee of 2.5%. This payment authorization is for the goods/services/invoice(s) described above, for the amount indicated above, plus processing fee, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.