POLARIS
LOGISTICS GROUP
43 S Huron St
Toledo, OH 43604
419-214-4205

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, and to keep the card on file for future use.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and any future use would require additional authorization.

Please complete the information below:

I _____ authorize **Polaris Logistics Group, Inc.** to charge my credit card
(full name)

account indicated below for _____ +2.5% fee 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: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

Security Code _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/invoice(s) described above, for the amount indicated above only, 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.