

MyLogisticsDept
Credit Card Information Sheet



MYLOGISTICSDEPT

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In order to process invoice(s) for payment, MyLogisticsDept requires a completed and signed credit card information sheet to be submitted. Please complete the form and return as soon as possible.

*Company / Individual's Name: _____

*Billing Address: _____

*City / State / Zip Code: _____

*Phone Number: _____

Fax Number (optional for receipt of transaction): _____

Email Address (optional for receipt of transaction): _____

*Name As It Appears on Card: _____

Billing Address (If different from billing address): _____

City / State / Zip Code: _____

*Type of Credit Card (MasterCard, Visa, Amex or Discover): _____

*Credit Card Number: _____

*Expiration Date: _____

*Card Code (3 or 4 digits): _____

*Invoice(s) Being Paid (List):

*Total Amount to be charged: _____

*** Denotes required information**

By submitting the signed form you authorize MyLogisticsDept to process the amount specified to the credit card information provided.

Print Name

Signature

Date

I understand that these charges will appear on my credit card statement for freight charges under the name of MyLogisticsDept and I accept full financial responsibility for payment of freight charges. I agree payments are non-refundable. Unpaid freight invoices sent to collections will result in cancellation of your discount and full rates will be applied to the unpaid balance. MyLogisticsDept has no liability relating to the product purchased. MyLogisticsDept is only facilitating transportation for the products purchased and assumes no liability for those products. Transit time is an estimate and is not guaranteed. MyLogisticsDept liability is limited to a \$50.00 minimum or \$0.50 cents per pound, whichever is greater. Additional Insurance is available at an additional cost. All shipments subjects to the MyLogisticsDept terms and conditions of contract.