



Credit Card Authorization Form

Return the Completed & Signed Form to: **Road Power Logistics, LLC** by fax or email.

Phone: 202-449-1799 | Fax: 202-370-7059 | Email: info@roadpowerlogistics.com

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ M/C _____ Discover _____ Amex

Credit Card Number: _____

Expiration Date: ____ / ____

CVV Code: _____ (3 Digits Located on The Back of The Credit Card)

I authorize **Road Power Logistics, LLC** to charge the dispatch fees for the loads I have accepted from **Road Power Logistics, LLC** From the credit card listed above, as stated in the dispatch fee agreement.

I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign _____ Date _____

Signature: _____

Print Name: _____

Date: ____ / ____ / ____

\$1.00 will be authorized initially to verify the card is active and will be credited back to your card