Accounting Checklist:	
Entered QB's:	
Date:	
Initial:	
	_/



	Office Use Only:	
Date:		
Authori	zation #:	
Order #:		

## **VISA/ MasterCard Authorization Form**

If you would like us to bill this shipment to a credit card, please complete this form.

(click or		Card Number		
VI	SA	<b>.</b>	٦	
Maste	erCard	Expiry Date:	Invoice	Amount
	_	nature Block gnature of the name below)		
Name			(Name of C	ardholder as it appears on card)
			(Address to	which bills are sent)
Address				Note: Information supplied in this section

## Our credit card acceptance policy:

Please note: The above invoice amount is based on information provided by you prior to pick up. You are liable for any unforeseen extra/accessorial charges by the delivering carrier such as but not limited to: changes in trailer footage, detention time, in-bond fees, missed pick-up fees, etc. If any unforeseen extra charge is incurred, Hot Freight reserves the right to pass these charges on to you and to charge your credit card.

Should an unforeseen extra charge occur, Hot Freight will discuss this with you prior to billing your credit card.

Notice of *charge back* to our account due to any of the following reasons: "declined charge", unauthorized charge", "cancelled credit card" or "closed account" after completion of the shipment, will be construed by Hot Freight as a deliberate attempt on the part of the cardholder to avoid payment for our services.

We will make every effort to collect defaulted payment through whatever legal means necessary. This includes a charge of 18% per annum on the unpaid balance or the maximum interest rate allowed by law, as well as reasonable legal fees (at least 20% of the unpaid balance) plus all court costs incurred by Hot Freight in collecting any unpaid balances.

I have read and understand the above policy.

Card Holder must sign here:	Date:	
	_	

Please fax this completed form to Hot Freight at: