



CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us directly. This authorization will remain in effect until canceled.

I, _____ hereby authorize Actus Logistics, LLC to charge my credit card in the below specified amount.

Card Type: MasterCard Visa Discover AMEX
 Other _____

Card Number: _____ Expiration Date: _____ VCC: _____

Name as it appears on the card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

TOTAL (amount to be charged, in USD): \$ _____

Customer Signature: _____ Date: _____

By signing this, I acknowledge the charges described on the form, assume full responsibility for said charges, and agree to honor and abide by the terms of payment. I acknowledge and accept Actus Logistics, LLC's Terms and Conditions as provided.