



3263 Southside Blvd
Jacksonville, FL 32216

Phone: 904-527-3902

Fax: 888-780-0967

Toll Free: 877-299-0249

Credit Card Authorization Form

I, _____ with _____,
(Cardholder Name required) *(Customer/Company Name)* *(Customer Name)*
authorize JZ Expedited Logistics, to charge my credit card, as indicated below, for freight broker services.

This is an open authorization to allow charges to my credit card for all orders placed with JZ Expedited Logistics. Amounts will vary per transaction based on the order amounts plus an additional 4.5% convenience fee per transaction where allowed by law.

Please check the option that applies:

- Add this card to my account as the primary card to be charged for all orders.
- Cancel my open credit amount and add this card to my account as the primary card to be charged for all orders.
- Remove the credit card on file and replace with this card

I have read and agree to all terms and conditions on this page, or any other document that accompanies this agreement. I certify that I am the authorized account holder for this credit card.

I understand this is a legal binding agreement between JZ Expedited Logistics and _____
(Card Holder's name)

Authorized Account Holder Signature (required) *Date (Required)*

Name as it appears on credit card: _____
Credit Card Number: _____ CVV#: _____
Expiration date of credit card: _____
Billing address of credit card: _____

Card types accepted: Visa, MasterCard, Discover or American Express.