



CREDIT CARD FORM

In order for Amino Transport to accept & bill your credit card, please complete all fields below, sign, date, and email form back. All information is strictly confidential.

Email to: ACCOUNTSRECEIVABLE@AMINOTRANSPORT.COM

Check one: One time use: Future use:

Contact Information:

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Card Information: (as shown on credit card)

Card holder name: _____

Billing Address: _____

Company

City

State

Zip

Card#: _____ Expiration Date: _____ Security Code: _____

MM / YY

Account Type: Visa MasterCard AMEX Discover

Load Information:

Load#: _____

Load Amount: _____

(Plus processing fee of 3% for orders \$850.00 & above or \$25.00 flat for orders under \$850.00).

Pick-up address:

Company City State Zip

Delivery address:

Company City State Zip

Authorization:

I hereby authorize Amino Transport to charge the indicated credit card. I agree that this is either a one time or periodic charge as indicated above. I understand that this is for a one-time use and I am not authorizing Amino to setup my account to recurring billing. I further understand that if I want Amino to charge any balance to my credit card in the future, I will need to submit another authorization form at that time. I also agree to the processing fee of 3% for orders \$750.00 & above or \$25.00 flat for orders under \$750.00. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

(Required)

Authorized Signature: _____ Date: _____