

Credit Card Authorization Form

Name of Company: _____

Customer Address: _____

Phone# _____ Fax # _____

Credit Card Number: _____

Card Type: _____ Exp. Date: _____

V-Code: _____

Name of Cardholder: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Freight Bill #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Authorized: _____ Date: _____

I understand these charges will appear on my credit card statement for freight charges under the name of Republic Logistic Services and I accept full financial responsibility for payment of these freight charges. I agree payments are non-refundable. Failure to pay freight bills may result in cancelling of your discount and full rates will be applied. Freight bills sent to collections will result in cancellation of your discount and full rates will be applied. Republic Logistic Services has no liability of the product you purchased. Republic Logistic Services is only facilitating transportation for the products purchased from various clients and assumes no liability for those products. Transit time is an estimate and is not guaranteed, and we accept no responsibility for late or damaged shipments nor do we accept any liability for liquidated damages. All terms and conditions of the various carriers used must be complied with in order for any claims to be paid. A denial by the carrier will result in a denial by Republic Logistic Services. Carriers liability is limited to .99/lb subject to carriers maximums. Additional Insurance is available but is limited to terms and conditions of the carriers used. See the individual carriers web site for terms and conditions.

Date: _____