



PO Box 398  
 North Little Rock, AR 72115  
 Phone 501-371-9814  
 Fax 501-374-5960

**PREPAY CREDIT CARD AUTHORIZATION FORM**

**I hereby authorize Priority 1 to charge my stated credit card / debit card for each shipment made on my behalf by Priority 1 on the morning following the shipment booking date.**

**BILL TO:** Cardholder's name: \_\_\_\_\_

**\*\*\*\*\*Credit card payments are subject to a 2.5% convenience surcharge, which is not greater than Priority 1's cost of acceptance.** Quote amount is based upon information provided by customer and specified in quote number above. Customer agrees to terms in quote# above, and authorizes Priority 1 to charge credit card below to cover any additional charges incurred by 3<sup>rd</sup> party as a result of information provided by customer deemed to be inaccurate. If the credit card is declined, the shipment will be stopped.

Type of card:                    MASTERCARD                    VISA                    DISCOVER                    AMEX

Card number: \_\_\_\_\_

Expiration date (Month / Year): \_\_\_\_\_ Card verification/Security code: \_\_\_\_\_

Billing address of card: (where you receive your card statements or bills every month):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip/Country: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**I certify that I am an authorized holder and signer of the card referenced above. I agree that I will not dispute the above credit charge / debit charge through my credit card / debit card issuer or provider, so long as the transaction corresponds to the terms indicated on this form. I further understand that I cannot dispute this charge as a result of a freight claim for any reason. Any freight claim for damage, shortage or service failure must result in a freight claim with carrier, and refunds will be processed from the payout of the freight claim. I acknowledge the Priority1 Terms and Conditions as stated on their website: <http://priority1inc.com/terms-and-conditions/>**

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Internal Use</b> (if more than one invoice/BOL, use supplemental page):	
Customer Acct# _____	Customer Acct Name: _____
BOL/Invoice # _____	Pmt #(if refund) _____