



## CREDIT CARD AUTHORIZATION

Complete and Fax back to 817.385.4653

File Reference Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Type Of Credit Card (Circle One): **Master Card** **Visa** **Discover** **American Express**

Authorized Amount Charge: \_\_\_\_\_

Name On Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: (MM / YY): \_\_\_\_\_ / \_\_\_\_\_

Security Code (On Back Of Card): \_\_\_\_\_

Billing Address Of Card: \_\_\_\_\_

Billing City, State, Zip Code: \_\_\_\_\_

I hereby expressly authorize 1st 1's 2 Leap. to enter a charge against the credit card more fully described above. I represent to 1st 1's 2 Leap that I have complete authority to use and sign for charges made on this credit card account. I am also making this charge willingly and under no coercion.

I understand and acknowledge that this charge is being made to absolve a debt owed to the beneficiary identified above. I understand that no purchase of goods or services, either current or in the future, is being made or promised. It has also been represented to me that this authorization is for a one time only unless otherwise instructed. I understand and acknowledge that the charge may include a service charge and that the amount charged to my credit card may not fully accrue to the beneficiary above; however at no time will the accrual to the beneficiary be less than 95% of the authorized amount. I acknowledge that a representative of 1st 1's 2 Leap has fully explain to me.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

Load: \_\_\_\_\_

Invoice: \_\_\_\_\_

### *1st 1s 2 Leap*

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Email: Larry@LeapTransport.com