



350 Benigno Blvd.
 Bellmawr, NJ 08031
 856.931.5500
 www.uslogisticsnj.com

CREDIT CARD AUTHORIZATION FORM

I _____ authorize U.S. Logistics, Inc., to charge my credit card.

COMPANY NAME

CARD BILLING ADDRESS

CITY

STATE		ZIP	
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FOR SERVICES RENDERED

QUOTE#	AMOUNT \$
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FREIGHT BILL/INVOICE#

Note: Rate quote based on information provided. Rate may change based on actual freight characteristics. Services performed are subject to all terms and conditions of the uniform bill of lading and USL's tariff available at www.uslogisticsnj.com.

NAME AS IT APPEARS ON CARD

SIGNATURE OF CARD HOLDER

SIGNATURE DATE

CREDIT CARD

Card Type

Visa Master Card

Card Identification Number
 (last 3 digits located on the back of or front of the credit card):

___ - ___ - ___

CREDIT CARD NUMBER

ISSUED DATE

EXPIRATION DATE

TODAY'S DATE



PLEASE COMPLETE AND RETURN TO U.S. LOGISTICS, INC.

C/O ACCOUNTS RECEIVABLE

350 BENIGNO BLVD.

BELLMAWR, NJ 08031

VIA FAX# 856-931-9186 OR EMAIL TO AR@USLOGISTICSNJ.COM

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES: