



201 River Lane
West Deptford, NJ 08086
856.931.5500
www.uslogisticsnj.com

CREDIT CARD AUTHORIZATION FORM

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

COMPANY NAME

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CARD BILLING ADDRESS

CITY

STATE		ZIP	

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 .
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NAME AS IT APPEARS ON CARD

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SIGNATURE OF CARD HOLDER

SIGNATURE DATE

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CREDIT CARD

CREDIT CARD NUMBER

ISSUED DATE

Card Type

☐ Visa ☐ Master Card

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



EXPIRATION DATE

TODAY'S DATE

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

C/O ACCOUNTS RECEIVABLE

201 RIVER LANE

WEST DEPTFORD, NJ 08086

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

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

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