



## Credit Card Authorization Form

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

I, (Name of Cardholder) \_\_\_\_\_, representing (Company Name if applicable) \_\_\_\_\_, herewith authorize Hansen & Adkins Auto Transport, Inc. to debit my credit card (information noted below) for all related freight charges being requested. Debit charges may be made for advance deposits, progress payments and for all final charges.

My Credit Card information is as follows:  VISA  MASTERCARD  DISCOVER

Full Name: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Security Code (3 Digit CID) # \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

*Please note that only the person completing this form can authorize their own credit card to be used. Under no circumstances can a third party complete this form on behalf of the cardholder.*

Cardholder's Signature: \_\_\_\_\_

Please Return this to \_\_\_\_\_ Fax # (562) 430-4144