



ASAP Transport Solutions, LLC
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Lenexa, KS 66219
Phone: (800) 757-1178
Fax: (888) 519 -1347
Email: billing@asaptransportsolutions.com

CREDIT CARD AUTHORIZATION

Date: ___ / ___ / ___ **Invoice Ref. #** _____

Card Holder Name: _____

Credit Card Visa Master Card AMEX Discover

Card # _____

Expiration Date: _____ **CVV Code:** _____

Billing Address: _____

City: _____

State: _____ **Zip Code:** _____

Phone: (_____) _____ - _____

Authorize: I authorize **ASAP Transport Solutions, LLC** to charge my credit card in the amount of:
\$ _____ USD (U.S. Dollars)

Printed Name: _____

Signature: _____

I understand full payment of our Monthly Statement is Due Upon Receipt. The Terms of Payment are 15 Days After Receipt of Statement. Accounts in arrears of 45 Days After Receipt of Statement will be charged to your Credit Card. Please provide your Corporate or Private Credit Card Information to be securely filed with us.

I authorize **ASAP Transport Solutions, LLC** to charge my credit card for the outstanding/current balances owed on freight bills. All payments are subject to a 4% card processing fee. I further understand that this authorization allows **ASAP Transport Solutions, LLC.**, to also charge my credit card for any unpaid freight invoices pertaining to my account for a twelve-month period starting from today's date.