

Credit Card Authorization Form

CARDHOLDER INFORMATION Name: Billing Street Address: City:______State:_____Postal Code:_____ Country:_____Email _____ Address: Direct Telephone: I hereby affirm that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card. In the event of a variance charge issued by a carrier on any given shipment, card holder authorizes Ally Global Logistics to charge the card on file after notifying cardholder of the discrepancy. Account Holder Signature **CREDIT CARD INFORMATION** Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card Number: Expiration Month: _____Expiration Year: ____Security Code: ____

Cardholder Signature X Date / /