

MyLogisticsDept
Credit Card Authorization Form



MYLOGISTICSDEPT

www.shipmld.com

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West Sacramento, CA 95691
Ph: 877 653 6420 Fax: 916 375 7132

In order to process invoice(s) for payment, MyLogisticsDept requires a completed and signed credit card information sheet to be submitted.
Please complete the form and return as soon as possible.

*Type of Credit Card _____

*Credit Card Number _____

*Expiration Date _____ *Card Code _____ *Total Amount to be Charged _____

*Name as it Appears on Card _____

*Company Name _____

*Individuals Name _____

*Billing Address _____

*City _____ *State _____ *Zip Code _____

*Phone Number _____ Fax # _____

Email (to receive an email receipt) _____

Waybill #/Invoice # _____

*Billing Info (if different than the one above):

Billing Address _____

*City _____ *State _____ *Zip Code _____

Phone Number _____ Fax # _____

*** Denotes required information**

By submitting the signed form you authorize MyLogisticsDept to process the amount specified to the credit card information provided.

Print Name

Signature

Date

I understand that these charges will appear on my credit card statement for freight charges under the name of MyLogisticsDept and I accept full financial responsibility for payment of freight charges. I agree payments are non-refundable. Unpaid freight invoices sent to collections will result in cancellation of your discount and full rates will be applied to the unpaid balance. MyLogisticsDept has no liability relating to the product and assumes no liability for those products. Transit time is an estimate and is not guaranteed. MyLogisticsDept liability is limited to a \$50.00 minimum or \$0.50 cents per pound, whichever is greater. Additional insurance is available at an additional cost. All shipments subjects to the MyLogisticsDept terms and conditions of contract.