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Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)
- Eliminating the delay of your shipment being release while waiting for your payment

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period and/or when your shipment needs to leave our warehouse and you have an outstanding balance. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under \$_____ USD.

If your bill is more than the authorize amount, you will not be charged.

Please complete the information below:

I, _____
authorize **Worldcraft Logistics LLC** to charge my credit card (Card's holder name)
automatically for the type of billing below:

- A) Warehouse monthly storage fee [] yes or [] no
- B) Pallet(s) fee for LTL & FTL shipment [] yes or [] no
- C) International & domestic transport fees: ocean, air, truck
and courier [] yes or [] no
- D) If other _____ [] yes or [] no
- E) Allow for all above charges related to my cargo [] yes or [] no (if "no", you only
allow what are checked above)

I understand that I will only receive advance notice of the charge if it exceeds
\$_____ USD.

If my bill is more than the authorize amount, they will not charge but contact me first.
I also understand and accept that a **3% fee** will be added to my total invoice when credit card payment is used.

Billing Address _____

City, State, Zip _____

Phone# _____

Email _____

Account Type: Visa MasterCard Amex Discover

Company Name _____

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Accompanying this completed document, you **MUST INCLUDE** a legible photocopy of:

- Front of credit card
- Back of credit card
- Valid ID including 1 of the following: driver's license, passport, provincial/state id

SIGNATURE _____ DATE _____

I authorize the above business, Worldcraft Logistics LLC to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.