



## S.E. Transport, LTD.

Secure and Efficient Transport

P.O. Box 1434 Laredo, TX 78042

Tel: (956)721-5965 – Fax: (956)723-8274

### Credit Card Authorization Form

I, \_\_\_\_\_ with \_\_\_\_\_, \_\_\_\_\_  
(Cardholder Name Required) (Customer/Company Name) (Customer Number)

Authorize S.E. Transport, LTD. to charge my credit card, as indicated below, for freight broker services.

This is an open authorization to allow charges to my credit card for all orders placed with S.E. Transport, LTD. including any open invoices. Amounts will vary per transaction based on the order amounts plus an additional surcharge fee per transaction where allowed by law.

Please check the option that applies:

Add this card to my account as the primary card to be charged for all orders,

Recurring Credit Card Payments

Authorized Amount: \_\_\_\_\_

One time payments

Date of charge: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration date of credit card: \_\_\_\_\_

Billing address of credit card: \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover  American Express  Other

I certify that I am the authorized holder and signer of the credit card reference above, I certify that all information above is complete and accurate.

I hereby authorize collection of payments for all charges as indicated above. Charges may not exceed the amount listed above in the "Authorized Amount" field. I understand this is only for up to this amount during the time period of "Date of Charge" reference above. If additional charges are going to be authorized a new form will have to be completed.

I understand that this is a legal binding agreement between S.E. Transport, LTD. and \_\_\_\_\_.  
(Cardholder's Name)

\_\_\_\_\_  
Authorized Account Holder Signature (required)

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number