



Phone: (352) 515-0194 Fax: (352) 701-0273  
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## Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN TO AMERATRANS, LLC.  
 All information will remain confidential.

Cardholder Name (as it appears on card): \_\_\_\_\_

Billing Address of card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CVV Code (3 digits located on back of card): \_\_\_\_\_

I, \_\_\_\_\_ (company or cardholder name) authorize **AMERATRANS, LLC** to charge my credit card provided herein for the following services plus any payment processing fees: (Initial boxes that apply)

|  |         |  |         |
|--|---------|--|---------|
| <b>Dispatch Service:</b><br>\$25 for loads under \$500<br>\$50 for loads \$501-\$1000<br>5% of gross for loads \$1001+ | Initial | <b>Paperwork Only Service:</b><br>\$35 per broker contract | Initial |
|  |         | <b>Billing Service:</b><br>\$5 per invoice submission      | Initial |
|  |         | <b>Fuel Advance Request:</b><br>\$5 per submission         | Initial |

I agree that I will pay for these services plus any payment processing fees in accordance with the issuing bank cardholder agreement.

If a load is accepted and picked up by me, I understand that I am responsible for paying **AMERATRANS, LLC** as set out above. If I fall off a load after I have accepted it, I am responsible for paying a \$25 fee plus processing fees.

Cardholder Signature: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ (Print) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Once completed and signed, return this form via one of the following methods:**

**FAX :** 352-701-0273 OR **EMAIL:** hr@ameratransllc.com