



**COMPASS
LOGISTICS &
MARINE LLC**

CREDIT CARD AUTHORIZATION FORM

Dear Shipper,

This document authorizes Compass Logistics & Marine LLC. to charge the credit card below for payments when you are not present. This means that your signature is not needed on the credit card slip to be accepted as payment.

Date: _____

Card Type (Visa / Master Card / American Express / Discover): _____

Card Number: _____

Expiration Date: _____ Credit Card Verification Number (CVN) _____

Name as shown on card : _____

Company Name : _____

Phone Number: _____

Billing Address: _____

Please charge the above Credit Card to pay for the following invoices. (Attach additional sheet if necessary)

Invoice Number: _____ \$ _____

Invoice Number: _____ \$ _____

Sub Total \$ _____

Convenience Fee 3% \$ _____

Total \$ _____

Signing this form gives Compass Logistics & Marine LLC. permission to charge your Credit Card for your payment plus an additional 3% Convenience Fee.

Signature: _____

**FAX COMPLETED FORM TO: 954-526-6673 OR
EMAIL TO: accounting@compasslogisticsmarine.com**